2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N41820** 1. Entity Name JAMAICA CIVIC AND CULTURAL ASSOCIATION INC. Principal Place of Business Mailing Address 14741 S. RIVER DR. 14741 S. RIVER DR. MIAMI FL 33167-1028 MIAMI FL 33167 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Country Zip Country 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GILLINGS, EVERAD 14741 S. RIVER DR. MIAMI FL 33167 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

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11.

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

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TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Trust Fund Contribution.

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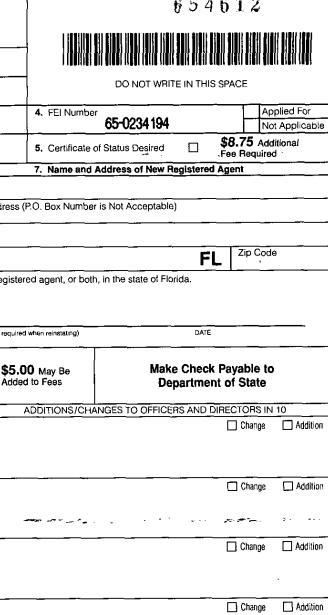
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FILED May 08, 2000 8:00 am Secretary of State

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PEMPROKE PINES FL 33029 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILE NOW:

FEE IS \$61.25

GILLINGS, EVERARD

14741 S. RIVER DR.

CHAMBERS, EARL

18830 NW 17 AVE.

ALBERT, STEPHEN

1240 NW 187 STREET

BECKFORD, LAUREL

6122 WASHINGTON

ANDERSON, BERRIS

15600 NE 14TH AVE.

875 SW 173RD AVE

COOKE, CARL

NORTH MIAMI BEACH FL 33165

HOLLYWOOD FL 33023

MIAMI FL 33056

MIAMI FL 33169

MIAMI FL 33167

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZiP

CITY-ST-ZIP

OFFICERS AND DIRECTORS

FICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

Addition