

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46026

1. Entity Name

COMMUNITY MISSION, INC.

**FILED**  
Aug 25, 2002 8:00 am  
Secretary of State

08-25-2002 90218 034 \*\*\*\*71.25

0000087

Principal Place of Business Mailing Address  
1515 NW 62ND STREET 5572 SW 18TH ST  
MIAMI FL 33147 WEST HOLLYWOOD FL 33023  
US

00100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
520 NW 2nd Ave Rm 5 520 NW 2nd Ave Rm 5  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Hallandale FLA. Hallandale FLA.  
City & State City & State  
33009 33009  
Zip Country Zip Country  
BROWARD BROWARD

4. FEI Number 65-0313198 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CARSWELL, MONICA  
5510 SW 18TH STREET  
WEST HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,  
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICTOR, GAIL 5572 SW 18TH STREET W. HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICTOR, JEAN 5572 SW 18TH STREET W. HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEBROOK, ALFRED O 4630 SW 21ST STREET W. HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEBROOK, BERNARD 259 CHAPTANK RD STAFFORD VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VICTOR, CLAUDIA 5572 SW 18TH STREET W HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]* REQUIRED

8/20/02 (954) 454-5143

CR2E037 (4/02)