

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90024 045 \*\*\*\*70.00

**DOCUMENT # N48031**

1. Entity Name

**BAME DEVELOPMENT CORPORATION OF SOUTH FLORIDA, I NC.**

Principal Place of Business

Mailing Address

**245 NW 8TH ST  
 MIAMI FL 33136**

**245 NW 8TH ST  
 MIAMI FL 33136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0364030**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, JOHN F.  
 245 NW 8TH ST  
 MIAMI FL 33136**

Name

**Dwayne Gaddis**

Street Address (P.O. Box Number is Not Acceptable)

**245 NW 8th Street**

City

**Miami**

**FL**

Zip Code  
**33136**

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 **DWAYNE GADDIS**

*Dwayne Gaddis*

**01/17/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE-NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>WHITE, JOHN F REV 20507 NE 9TH PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE-NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>KOONCE, GEORGE DR 14851 SW 94TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE-NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>YOUNG, ANDREA 2225 NW 177TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE-NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BROWN, ALFREDA 1840 NW 81ST ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE-NAME	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Gaddis, Dwayne Rev. 245 NW 8th Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33136</b>	
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 *Dwayne Gaddis* **Dwayne Gaddis, President 1/17/02 305 379-8250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)