

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90068 043 ****70.00

DOCUMENT # N48031

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GADDIS, DWAYNE
245 NW 8TH ST
MIAMI FL 33136**

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KOONCE, GEORGE DR	
STREET ADDRESS	14851 SW 94TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ANDREA	
STREET ADDRESS	2225 NW 177TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ALFREDA	
STREET ADDRESS	1840 NW 81ST ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	P	<input type="checkbox"/> Delete
NAME	GADDIS, DWAYNE REV	
STREET ADDRESS	245 NW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **WILLIAM G. R. MAUZY, President/CEO** *William G. Mauzy* **1/8/03 305-373-7233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)



Attachment - 71.48031
30004200

BAME Development Corporation of South FL., Inc.

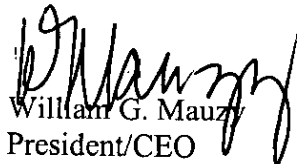
January 8, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Certificate of Good Standing

One of our funding sources, the City of Miami, is requiring that we have a Certificate of Good Standing current within the last 30 days. Please forward a true copy of the Certificate ASAP.

Sincerely,


William G. Mauzy
President/CEO

WGM/nb