

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51349

1. Entity Name

SARA SOCIAL & ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

1845 NW 65TH STREET
MIAMI FL 33147

Mailing Address

1845 NW 65TH STREET
MIAMI FL 33147

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0368245

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

POITIER, MARIE W REV.
3131 NW 57TH STREET
MIAMI FL 33142

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)

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 DV ☒ Delete
NAME WHITE, JOHN F
STREET ADDRESS 470 NE 210TH CIRCLE TERRACE
CITY-ST-ZIP MIAMI FL 33179

TITLE DP ☐ Change ☒ Addition
NAME DAVIS, JAMES H.
STREET ADDRESS 17325 N.W. 18th Ave.
CITY-ST-ZIP Carol City, FL 33056

TITLE DS ☒ Delete
NAME MITCHELL, VINCENT
STREET ADDRESS 1866 NW 51ST TERRACE
CITY-ST-ZIP MIAMI FL 33147

TITLE DS ☐ Change ☒ Addition
NAME BENDROSS, DENISE
STREET ADDRESS 8650 S.W. 133rd Ave./Rd.
CITY-ST-ZIP Miami, FL 33183

TITLE DT ☒ Delete
NAME BODISON, JOHN L
STREET ADDRESS 3450 OAK AVENUE
CITY-ST-ZIP MIAMI FL 33133

TITLE DT ☐ Change ☒ Addition
NAME SPARKS, LOUIS
STREET ADDRESS 1140 N.W. 76th St.
CITY-ST-ZIP Miami, FL 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

(305) 691-4212

SIGNATURE: *James H. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 24, 2001

80047534



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)