

2002 UNIFORM BUSINESS REPORT (UBR)

3/6/0

FILED
Jul 09, 2002 8:00 am
Secretary of State

03-06-2002 90043 019 ****70.00

DOCUMENT # N93000000805

1. Entity Name

FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.

Principal Place of Business

Mailing Address

P. O. BOX 69-4265
 MIAMI FL 33269

P. O. BOX 69-4265
 MIAMI FL 33269

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

NOT APPLICABLE

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

JONES, JOANN
2870 NW 208 ST
MIAMI FL 33058

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 ☐ Delete
 NAME **D JONES, JOANN**
 STREET ADDRESS **2870 NW 203 ST**
 CITY-ST-ZIP **MIAMI FL 33058**

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

TITLE ☐ Delete
 NAME **D WIMBERLY, STEPHANIE**
 STREET ADDRESS **750 NW 98 ST.**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☒ Change ☐ Addition
 NAME **MARY BURTON**
 STREET ADDRESS **2465 N.W. 82 Street**
 CITY-ST-ZIP **Miami, Fla. 33147**

TITLE ☐ Delete
 NAME **D BROWN, JAMES**
 STREET ADDRESS **1101 N.W. 139 STREET**
 CITY-ST-ZIP **MIAMI FL 33188**

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

TITLE ☐ Delete
 NAME **D BROWN, ELLA**
 STREET ADDRESS **18721 NW 24 AVE**
 CITY-ST-ZIP **MIAMI FL 33058**

TITLE ☒ Change ☐ Addition
 NAME **MARY CARTER**
 STREET ADDRESS **15851 N.W. 17th**
 CITY-ST-ZIP **Opa Locka, FLA. 33054**

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/31/02 305-637-4717

CP2E037 (9/01)