

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000879

1. Entity Name

JEFFERSON REAVES, SR. HEALTH CENTER, INC.

Principal Place of Business

1009 NW 5TH AVE
MIAMI FL 33136

Mailing Address

1009 NW 5TH AVE
MIAMI FL 33136

2. Principal Place of Business

1009 NW 5th AVE

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

Zip

33136

Country

US

3. Mailing Address

1009 NW 5th AVE

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

Zip

33136

Country

US

6. Name and Address of Current Registered Agent

MCKINNEY, ROBERT L
901 NW 49TH STREET
MIAMI FL 33127

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.

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, ROSA	
STREET ADDRESS	415 NW 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, ARTHUR	
STREET ADDRESS	9310 SW 6TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, JOHN	
STREET ADDRESS	245 NW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANKLIN, ROBERT	
STREET ADDRESS	701 ARENA BLVD	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADA DeVEAUX	
STREET ADDRESS	798 NW 555 ST	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90064 033 *****70.00

719068



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE ☐ Applied For
Not Applicable

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

CR2E037 (10/00)