2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90126 023 ****70.00

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1. Entity Name

THE GREATER MIAMI COALITION OF 100 BLACK WOMEN C

Principal Place of Business
5630 N.W. 178 STREET
MIAMI FL 33055

Mailing Address
P.O. BOX 174027
HIALEAH FL 33017-4027

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0421738 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, VIRGINIA E
5630 N.W. 178 STREET
MIAMI FL 33055

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MARTIN, VIRGINIA E	5630 N.W. 178 STREET	MIAMI FL 33055	☐
VD	RABINSON, CAROLYN	6031 NW 201 LANE	MIAMI FL 33015	☐
VD	BURKE, LINDA	3830 NW 194 ST	MIAMI FL 33055	☐
VD	HAMIN, AFRAH	193 N.E. 141 STREET, #B	MIAMI FL 33186	☐
SD	ROBINSON, CAROLYN	20120 HIGHLAND LAKES	MIAMI FL 33179	☐
SD	BROWN, ERNESTINE R	20120 HIGHLAND LAKES BLVD.	N. MIAMI BEACH FL 33179	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
SD	Robinson, Carolyn	6031 N.W. 201 Lane	Miami, Fl. 33015	☒	☐
				☐	☐

CR2E037 (9/99)

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: Ernestine R. Brown — Ernestine R. Brown 4/23/00 305-821-6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #