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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003591 (4)**

1. Corporation Name

**UNIQUE CULTURAL VARIATIONS COMMUNITY DEVELOPMENT
CORPORATION, INC.**

Principal Place of Business

Mailing Address

**4001 N.W. 189 TERRACE
MIAMI FL 33055**

**4001 N.W. 189 TERRACE
MIAMI FL 33055**



3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

65-0507929

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEMCHIN, ILENE
1450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 33148**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **STAFFORD, CYNTHIA**
STREET ADDRESS **3575 N.W. 80 STREET**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **PD** ☐ DELETE
NAME **VARIETY, SAMAKI B**
STREET ADDRESS **4001 N.W. 189 TERRACE**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **CDT** ☐ DELETE
NAME **CUMMINGS, MARCIA**
STREET ADDRESS **5136 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ DELETE
NAME **PHILLIPS, MATTIE**
STREET ADDRESS **3310 N.W. 174 STREET**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SAMAKI B. Variety Samaki B. Variety 4/30/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 381-9541

CR2E037 (10/97)