

2001 UNIFORM BUSINESS REPORT (UBR)

2/14

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-14-2001 90005 037 ****61.25

DOCUMENT # N94000003627

1. Entity Name

PLEASANT CITY MULTI-CULTURAL CENTER, INC.

Principal Place of Business

501 21ST STREET
 WEST PALM BEACH FL 33407

Mailing Address

501 21ST STREET
 WEST PALM BEACH FL 33407

2. Principal Place of Business

Pleasant City Multi-Cultural Center

3. Mailing Address

501 21st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0541045

Applied For

Not Applicable

Zip
 33407

Country
 USA

Zip

Country

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

WILLIAMS, GLORIA Y
 501 21ST STREET
 WEST PALM BEACH FL 33407

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

Gloria Y. Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

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	VD	<input type="checkbox"/> Delete
NAME	CLAY, CORLETTA	
STREET ADDRESS	437 19TH STREET, APT. B	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, GLORIA	
STREET ADDRESS	501 21ST STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FELTON, DOROTHY G	
STREET ADDRESS	432 18TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPSON, JANET	
STREET ADDRESS	531-21ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROMAN, JOHN	
STREET ADDRESS	634 15TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
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
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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 REQUIRED

Gloria Y. Williams - Gloria Y. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)