

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90043 008 ****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.

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

33407

Country

USA

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*

(NOTE: Registered Agent signature required when reinstating)

4/17/02
 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 | 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 |
| 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: *Gloria Y. Williams* *Gloria Y. Williams* *4/17/02 (56) 835-7105*

CR2E037 (9/01)