

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006204

1. Entity Name

500 ROLE MODELS OF EXCELLENCE PROJECT, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90022 005 ****61.25

Principal Place of Business

Mailing Address

1450 N.E. 2ND AVE.
STE. 227
MIAMI FL 33132
US

1450 N.E. 2ND AVE.
STE. 227
MIAMI FL 33132-1308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0575014

Applied For

Not Applicable

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

WILSON, FREDRICA S
1450 N.E. 2ND AVENUE
STE. 227
MIAMI FL 33132

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS WILSON, FREDERICA S
CITY-ST-ZIP 1450 NE 2ND AVENUE, SUITE 226
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KOONCE, GEORGE D
CITY-ST-ZIP 14651 SW 94TH AVE
MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DAWKINS, VINCENT
CITY-ST-ZIP 1450 N.E. 2ND AVE. SUITE 652
MIAMI FL 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS WALLACE, FRED
CITY-ST-ZIP 2929 S.W. 3RD AVE.
MIAMI FL 33129

TITLE ☐ Change ☒ Addition
NAME Dunn, Raymond
STREET ADDRESS 2744 N.W. 47th Lane
CITY-ST-ZIP Lauderdale Lakes, FL 33313

TITLE ☐ Delete
NAME D
STREET ADDRESS STRACHAN, RICHARD DR
CITY-ST-ZIP 8841 N.W. 14TH AVE.
MIAMI FL 33147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Fredrica S. Wilson

(305) 995-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)