# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 28, 2002 8:00 am**
**Secretary of State**
03-28-2002 90033 015 ****70.00

DOCUMENT # N94000006204

1. Entity Name

5000 ROLE MODELS OF EXCELLENCE PROJECT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1450 N.E. 2ND AVE.<br>SUITE 227<br>MIAMI FL 33132<br>US | 1450 N.E. 2ND AVE.<br>SUITE 227<br>MIAMI FL 33132<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1450 N.E. 2nd Avenue | 1450 N.E. 2nd Avenue |
| Suite, Apt. #, etc.: Suite 227 | Suite, Apt. #, etc.: Suite 227 |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33132 Country: Dade | Zip: 33132 Country: Dade |

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<br>1450 N.E. 2ND AVENUE<br>SUITE 227<br>MIAMI FL 33132 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILSON, FREDERICA S<br>1450 NE 2ND AVENUE, SUITE 226<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOONCE, GEORGE D<br>14651 SW 94TH AVE<br>MIAMI FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAWKINS, VINCENT<br>1450 N.E. 2ND AVE. SUITE 652<br>MIAMI FL 33132 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUNN, RAYMOND<br>2744 NW 47TH LANE<br>LAUDERDALE LAKES FL 33313 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STRACHAN, RICHARD DR<br>8841 N.W. 14TH AVE.<br>MIAMI FL 33147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #