FILED

03 JUN 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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 US | 1450 N.E. 2ND AVE.<br>SUITE 227<br>MIAMI, FL 33132 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida 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<br>Dr. Robert B. Ingram<br>1450 N.E. 2nd Ave., Ste 700<br>Miami, FL 33132 |
| 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<br>700020897497<br>06/16/03--01082--005 **61.25 |
| 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 (10/02)

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 5-3-03 305-995-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/17