

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N950000002542**

1. Entity Name

miami Children Centennial Project, Inc

Principal Place of Business

Mailing Address

13250 NW 28 Ave.

OPA-LOCKA, FL 33054

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

65-0583215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

00 APR 25 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Charles Oguqua
13280 NW 28 Ave
OPA-LOCKA, FL 33054

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DONAWA, Patricia	
STREET ADDRESS	2900 NW 183rd Ct	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	Charles Oguqua	
STREET ADDRESS	13280 NW 28 Ave	
CITY-ST-ZIP	OPA-LOCKA, FL 33053	
TITLE	D	<input type="checkbox"/> Delete
NAME	Leonardo Moses	
STREET ADDRESS	429 SW 136 PL.	
CITY-ST-ZIP	Miami, FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	Duffy, Maureen	
STREET ADDRESS	11300 NE 2nd Ave	
CITY-ST-ZIP	Miami Shores, FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	NJUKU, Gregory Rev.	
STREET ADDRESS	13401 NW 28 Ave	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	Marshall, Mattie	
STREET ADDRESS	13280 NW 28 Ave	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*****111.25** ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

CR 037 1999