

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90008 025 ****70.00

DOCUMENT # N95000002542

1. Entity Name

MIAMI CHILDRENS' CENTENNIAL PROJECTS INC.

Principal Place of Business

**13250 NW 28 AVE
 OPA LOCKA FL 33054
 US**

Mailing Address

**13250 NW 28 AVE
 OPA LOCKA FL 33054
 US**

00061376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0583215

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

**OGUGUA, CHARLES
 13250 NW 28 AVE
 OPA LOCKA FL 33054**

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
 After September 12, 2001, min. will be \$236.25**

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
 OGUGUA, CHARLES
 13380 N.W. 28 AVENUE
 OPA LOCKA FL 33053** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Paul Foster
 1895 JW Fossier Blvd.
 Canton, MA 02021** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 DONAWA, PATRICIA
 2900 NW 183RD ST
 MIAMI FL 33169** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 DONAWA, PATRICIA
 633 NE 167 St. Suite 910-915
 Miami FL. 33162** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LEONARDO, MOSES
 429 SW 136 PL
 MIAMI FL 33184** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Gonzlo Dehramon
 100 S.E. 2nd Street
 Miami, FL. 33131** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 DUFFY, MAUREEN
 11300 N.E. 2ND AVENUE
 MIAMI SHORES FL 33161** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Dr. Martin Ugwu
 13380 N.W. 28 Avenue
 Opa-Locka, FL. 33054** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 NJOKU, GREGORY REV.
 13401 NW 28 AVE
 OPA LOCKA FL 33054** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MARSHALL, MATTIE
 13380 NW 28 AVE
 OPA LOCKA FL 33054** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE *Charles Ogugua*

8/10/01

305-769-7680

CR2E037 (5/01)