

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90156 030 ****61.25

DOCUMENT # N96000000526

1. Entity Name

CAROL CITY NORTH DADE CHAPTER #5132 OF AMERICAN

Principal Place of Business

Mailing Address

**18830 NW 44 AVENUE
 MIAMI FL 33055**

**18830 NW 44 AVENUE
 MIAMI FL 33055-2618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1947981

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

**THOMAS, CHARLES W
 18830 NW 44 AVENUE
 MIAMI FL 33055**

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 THOMAS, CHARLES W**
 STREET ADDRESS **18839 NW 44 AVE**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD JAMES, ALVONIA**
 STREET ADDRESS **4601 NW 183 ST APT L-8**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD THOMAS, HARRIET**
 STREET ADDRESS **18830 NW 44 AVE**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MCFORD, IRVIN E**
 STREET ADDRESS **17831 NW 47 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PRATT-HALL, FLORENCE REV.DR.**
 STREET ADDRESS **2201 NW 189 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP BROWN, IRENE V**
 STREET ADDRESS **2725 NW 163 STREET**
 CITY-ST-ZIP **MIAMI FL 33054**

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: *IRVING E. MCFORD* 5-1-2000 305 620 543
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)