

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90041 021 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

1711 N.W. 171 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OPA LOCKA FL

Zip 33056 4952

Country USA

City & State

Zip

Country

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

THOMAS, CHARLES W  
 18830 NW 44 AVENUE  
 MIAMI FL 33055

7. Name and Address of New Registered Agent

Name: PATRICIA S. THOMAS  
 Street Address (P.O. Box Number is Not Acceptable): 1711 N.W. 171 TERRACE  
 City: OPA LOCKA, FL Zip Code: 33056-4952

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: Patricia S. Thomas - Patricia S. Thomas - President DATE: 2-28-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	THOMAS, CHARLES W	18839 NW 44 AVE	MIAMI FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	JAMES, ALVONIA	4601 NW 183 ST APT L-8	MIAMI FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	THOMAS, HARRIET	18830 NW 44 AVE	MIAMI FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	MCFORD, IRVIN E	17831 NW 47 AVENUE	MIAMI FL 33055	<input type="checkbox"/>	<input type="checkbox"/>
D	PRATT-HALL, FLORENCE REV.DR.	2201 NW 189 TERRACE	MIAMI FL 33056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	BROWN, IRENE V	2725 NW 163 STREET	MIAMI FL 33054	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D- PRESIDENT	PATRICIA S. THOMAS	1711 N.W. 171 TERRACE	OPA LOCKA, FL 33056-4952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP PRESIDENT	DELORIS MILLER	18920 N.W. 22 PLACE	OPA LOCKA, FL 33056-4952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	PEARL BENJAMIN	16235 N.W. 22 COURT	OPA LOCKA, FL 33054	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	IRVIN MCFORD	17831 N.W. 47 AVENUE	OPA LOCKA, FL 33055	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL SECRETARY	HARRIET THOMAS	18830 N.W. 44 AVE	OPA LOCKA, FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEGISLATOR	CHARLES THOMAS	18839 N.W. 44 AVE	OPA LOCKA, FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: Patricia S. Thomas - Patricia S. Thomas DATE: 2-28-01 (305) 625-7765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)