

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91188 019 ****70.00

DOCUMENT # N96000001457

1. Entity Name

**ADDRESSING CRISES AND TENSION IN OUR NEIGHBORHOOD/MEN
 OF VISION ENERGIZED (ACTION/MOVE)**

Principal Place of Business

Mailing Address

17211 N.W. 22ND AVE.
 MIAMI FL 33056

17211 NW 22ND AVE
 MIAMI FL 33056

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

65-0759776

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

SWEET, EDDIE L
17211 NW 22ND AVE
MIAMI FL 33056

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 Eddie L. Sweet

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	PD	<input type="checkbox"/> Delete
NAME	BOSTIC, ALEXANDER JR	
STREET ADDRESS	17211 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLEMAN, CHARLES	
STREET ADDRESS	856 NW 74TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWEET, EDDIE L	
STREET ADDRESS	4330 NW 173RD DRIVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTLEY, JACQUELINE	
STREET ADDRESS	1825 NW 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWELL, DANNY R	
STREET ADDRESS	6346 NW 170TH TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ROGER	
STREET ADDRESS	1900 SAN SOUCI BLVD	
CITY-ST-ZIP	N.MIAMI FL 33181	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Addison, Benjamin	
STREET ADDRESS	2015 NW 173rd Terrace	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Darrel	
STREET ADDRESS	8300 Sherman Circle North	
CITY-ST-ZIP	Miramar, Florida	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, C. Leon	
STREET ADDRESS	11908 NW 12th Street	
CITY-ST-ZIP	Pembroke Pines, Florida 33026	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stafford, Charles C.	
STREET ADDRESS	17520 NW 18th Avenue	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cecil Daniels	
STREET ADDRESS	17240 NW 17th Avenue	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE	Chaplain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walker, Sr., Eddie	
STREET ADDRESS	3850 NW 177th Terrace	
CITY-ST-ZIP	Miami, Florida 33055	

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:

Benjamin Addison 5/14/01 305-557-5931

CR2E037 (10/00)