2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-25-2003 90309 018 ****70.00

44002607

DOCUMENT # N96000002605

1. Entity Name
THE LIBERTY CITY CHARTER SCHOOL PROJECT, INC.

Principal Place of Business
8700 N.W. 5TH AVENUE
MIAMI FL 33150

Mailing Address
8700 N.W. 5TH AVENUE
MIAMI FL 33150

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0683143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALLACE, MARK D
C/O STAIK, FERNANDEZ & ANDERSON
1200 BRICKELL AVENUE, SUITE 950
MIAMI FL 33131-3255

7. Name and Address of New Registered Agent
Name: Katrina Wilson-Davis
Street Address (P.O. Box Number is Not Acceptable): 8700 N. W. 5th Avenue
City: Miami FL Zip Code: 33150

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Katrina Wilson-Davis · Katrina Wilson-Davis 4/22/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	Directors ☐ Change ☑ Addition
NAME	FAIR, T. WILLARD	NAME	Dr. Cecell Vanahn Bryant
STREET ADDRESS	8700 N.W. 5TH AVENUE	STREET ADDRESS	11 280 NW 27th Ave. FL 33167 RM 1322
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	Miami FL 33167
TITLE	PD ☐ Delete	TITLE	Directors ☐ Change ☑ Addition
NAME	WILSON, KATRINA	NAME	Courtney Cunningham
STREET ADDRESS	8700 N.W. 5TH AVENUE	STREET ADDRESS	225 Catalonia Avenue
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	Coral Gables FL 33134
TITLE	☐ Delete	TITLE	Directors ☐ Change ☑ Addition
NAME		NAME	Cheri Perry
STREET ADDRESS		STREET ADDRESS	160 NW 158th Street
CITY-ST-ZIP		CITY-ST-ZIP	North Miami Beach FL 33169
TITLE	☐ Delete	TITLE	Directors ☐ Change ☑ Addition
NAME		NAME	Mr. Maicel Huntt
STREET ADDRESS		STREET ADDRESS	6601 EAST 8th Avenue
CITY-ST-ZIP		CITY-ST-ZIP	Hialeah FL 33013
TITLE	☐ Delete	TITLE	Directors ☐ Change ☑ Addition
NAME		NAME	Mr. Luis J. Perez
STREET ADDRESS		STREET ADDRESS	One Southeast Third Ave. 28th Fl
CITY-ST-ZIP		CITY-ST-ZIP	Miami FL 33131-1914
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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: Katrina Wilson-Davis · Katrina Wilson-Davis 4/22/03 (305)757-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #