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

DOCUMENT # N96000002605

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

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

N96000002605

☑ CHECK HERE IF MAKING CHANGES

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 65-0683143 ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAIR, T. WILLARD 8700 N.W. 5TH AVENUE MIAMI FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Directors Dr. Dorell Vaughn Bryant 11200 NW 27th Ave. FL 33167 RM 1322 Miami FL 33167	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILSON, KATRINA 8700 N.W. 5TH AVENUE MIAMI FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Directors Courtney Cunningham 225 Catalonia Avenue Coral Gables FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Directors Cheri Perry 160 NW 158th Street North Miami Beach FL 33169	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Directors Mr. Maicel Hiatt 6801 EAST 8th Avenue Hialeah FL 33013	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Directors Mr. Luis J. Perez One Southeast Third Ave. 28th Fl Miami FL 33131-1914	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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)757-2708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #