## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N96000002861

1. Entity Name

## ETHIOPIAN COMMUNITY OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

19440 ROYAL BIRKDALE DRIVE MIAMI FL 33015

19440 ROYAL BIRKDALE DRIVE MIAMI FL 33015-2313

## **FILED** May 07, 2000 8:00 am Secretary of State 05-07-2000 90030 038 \*\*\*\*61.25

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2. Principal Place of Business		3. Mailing Address					10)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Nur	mber 65-0670400-		plied For
7:- 1 0:		7:0	Country			t Applicable	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	Fee Required	
_	6. Name and Address of Current i	Registered Agent			and Address of New Register	ed Agent	
			Nam	Name			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
CORAL G	ABLES FL 33134		City			FL Zip Code	э
8. The above	named entity submits this statement for	the purpose of changing its r	registered offic	e or registered agent, or	both, in the state of Florida.		
							1
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent s	ignature required when reinstating	) DA	πE	
			<u> </u>		<del></del>		
	FILE NOW:	9. Election Campaign Financing \$5.		\$5.00 May Be	Make Che	ck Payable to	,
•	FEE IS \$61.25	Trust Fund Contribu	ution.		Departm	ent of State	
						S CURECTORS IN	
10.	OFFICERS AND DIF		11.	ADDITIONS/	CHANGES TO OFFICERS AND		Addition
TITLE	PD OFFINION O	☐ Delete	TITLE NAME	The shin	YOURFOUF W 105 AVE Le Pines, Fl. 3	Change	L Addition
name Street address	DIRO, GERAWORK G 19440 ROYAL BIRKDALE DRIVE		STREET ADDR	ss Indiana	1 1/25 AVE		{
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP	13/6 31	e Pines Fl 3	3025	
TITLE	VD	□ Delete	TITLE	1/D			Addition
NAME	SIGAY, MOGES		NAME	MOGES	SIGAY Tyal Biredole -	<u>d</u>	some
STREET ADDRESS	19440 ROYAL BIRKDALE DRIVE		STREET ADDR	SS 19440 R	iyal Birkaale -	py	
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP				
TITLE	S	Delete	TITLE	ASTER	AFEWORK	Change	Addition
NAME	ASRES, HIRUT		NAME	5500 C	astlegate avi	2	}
STREET ADDRESS	19440 ROYAL BIRKDALE DRIVE		STREET ADDR	Davie,	Fl 3333/		}
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP		<u> </u>		
TITLE	TD	☐ Delete	TITLE NAME	Yukuno	Amlak HA	SOZ PA Change	☐ Addition
name Street Address	SEMERE, DANIEL S		STREET ADDR	8645	Long Acre	Shr.	J
CITY-ST-ZIP	19440 ROYAL BIRKDALE DRIVE		CITY-ST-ZIP	Marchan	Lung Acre an, Fl. 330	2,~	}
TITLE	MIAMI FL 33015	□ Delete	TITLE	10110710	<u> </u>	☐ Change	Addition
NAME		LLI Delete	NAME			_ ,	_
STREET ADDRESS			STREET ADDR	ess			{
CITY-ST-ZIP	]		CITY-ST-ZIP	]			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDR	ess			
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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.