

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004261

1. Entity Name

EARLINGTON HEIGHTS OLINDA ASSOCIATION INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90045 025 ****61.25

Principal Place of Business

2146 NW 49TH ST
MIAMI FL 33142

Mailing Address

2146 NW 49TH ST
MIAMI FL 33142-4070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0708533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEWIS, VIRIE
2146 NW 49TH ST
MIAMI FL 33142

SAME

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

Virie Lewis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-2000

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 ☐ Delete
NAME C
STREET ADDRESS EVERETT, TIMOTHY
CITY-ST-ZIP 2140 NW 50TH ST
MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CC
STREET ADDRESS LEWIS, VIRIE
CITY-ST-ZIP 2146 NW 49 ST
MIAMI FL 33142

TITLE ☐ Change ☒ Addition
NAME CC
STREET ADDRESS COCHRAN, JUAN
CITY-ST-ZIP 1901 NW 52 ST
MIAMI FL 33142

TITLE ☒ Delete
NAME S
STREET ADDRESS STROZIER, EUGENE
CITY-ST-ZIP 1940 NW 47TH ST
MIAMI FL 33142

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS COCHRAN, STEPHANIE
CITY-ST-ZIP 1901 NW 52 ST
MIAMI FL 33142

TITLE ☐ Delete
NAME T
STREET ADDRESS SPENCE, SAMUEL
CITY-ST-ZIP 2138 NW 49 ST
MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JACKSON, MABLE
CITY-ST-ZIP 1901 NW 51ST ST
MIAMI FL 33142

TITLE ☐ Change ☒ Addition
NAME Paulette Brown
STREET ADDRESS 2110 NW 48 ST
CITY-ST-ZIP Miami FL 33142

TITLE ☐ Delete
NAME D
STREET ADDRESS GREEN, ANNE
CITY-ST-ZIP 1940 NW 47TH STREET
MIAMI FL 33142

TITLE ☐ Change ☒ Addition
NAME Elizabeth Perry
STREET ADDRESS 2113 NW 50th Street
CITY-ST-ZIP Miami FL 33142

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:

VIRIE LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2000

Date

Daytime Phone #

CR2E037 (9/99)