

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90081 039 \*\*\*\*61.25

**DOCUMENT # N96000004261**

1. Entity Name

**EARLINGTON HEIGHTS OLINDA ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**1901 NW 52ND STREET  
 MIAMI FL 33142-3778  
 US**

**1901 NW 52ND STREET  
 MIAMI FL 33142-3778  
 US**

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

**NOT APPLICABLE**

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

**COCHRAN, JUAN  
 1901 NW 52ND STREET  
 MIAMI FL 33142-3778**

Name **PERRY ELIZABETH**

Street Address (P.O. Box Number is Not Acceptable)

**2113 N.W. 50TH ST.**

City **Miami**

**FL**

Zip Code **33142**

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 **Elizabeth Perry CC ELIZABETH PERRY**

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

(NOTE: Registered Agent signature required when reinstating)

**4-15-02**

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

TITLE **CC** ☐ Change ☒ Addition  
 NAME **PERRY-ELIZABETH**  
 STREET ADDRESS **2113 N.W. 50TH ST**  
 CITY-ST-ZIP **Miami FL 33142**

TITLE **CC** ☐ Delete  
 NAME **COCHRAN, JUAN**  
 STREET ADDRESS **1901 NW 52ND STREET**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BROWN Paulette**  
 STREET ADDRESS **2110 N.W. 48TH ST**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **S** ☒ Delete  
 NAME **COCHRAN, STEPHANIE**  
 STREET ADDRESS **1901 NW 52 ST**  
 CITY-ST-ZIP **MIAMI FL 33142**

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

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

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

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

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

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

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

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: **Elizabeth Perry CC ELIZABETH PERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-02**

**305-863-2010**

CR2E037 (9/01)