

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005715

1. Entity Name

WORK AMERICA, INCORPORATED

Principal Place of Business

Mailing Address

3050 BISCAYNE BLVD  
STE. 501  
MIAMI FL 33139  
US

3050 BISCAYNE BLVD  
STE. 501  
MIAMI FL 33139  
US

87984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3050 Biscayne Blvd

3050 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ste. 501

Ste. 501

City & State

City & State

miami, FL

Miami, FL

Zip

Zip

Country

Country

33137

33137

USA

USA

4. FEI Number

65-0730047

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

COLEMAN, HERBERT J  
700 NE 28TH TERRACE  
#1208  
MIAMI FL 33137

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

*Herbert J. Coleman*

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
KIRK, WESLEY  
P O BOX 894  
ARCHMORE OK 73402

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Edwin Norwood  
714 Brookridge Drive  
Tallahassee, FL 32305

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
COLEMAN, AUDREY M  
1922 S ARCH ST  
LITTLE ROCK AR 72208

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WILLIAMS, BRIGETTE  
2106 SCOTT STREET  
LITTLE ROCK AR 72208

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
COLEMAN, HERBERT J  
700 NE 28TH TERR #1203  
MIAMI FL 33137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HALL, COLETTE  
8753 CLEARY BLVD  
PLANTATION FL 33324

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JACKSON, SYLVESTER  
4851 NW 21ST ST  
LAUDERHILL FL 33313

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 reports 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

Daytime Phone #

CR2E037 (9/01)