

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006276

FILED
May 01, 2003
Secretary of State

Entity Name: BOLD NEW VISION COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

940 CALIPH ST
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

940 CALIPH ST
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0712963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERSON, JOHN L JR
940 CALIPH ST
OPA LOCKA, FL 33054

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERSON, JOHN L JR
Address: 901 SALIH ST
City-St-Zip: OPA LOCKA, FL 33054

Title: SD () Delete
Name: BLOUNT, MARY
Address: 6790 NW 186 ST APT 112
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: PETERSON, LAVERNA
Address: 901 SALIH ST
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LEE PETERSON JR

PD

05/01/2003

Electronic Signature of Signing Officer or Director

Date