

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000649**

1. Entity Name

AMETHYST COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

**4940 NW 18 ST.
LAUDERHILL FL 33313**

Mailing Address

**4940 NW 18 ST.
LAUDERHILL FL 33313**

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

65-0724145

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

**MATTHEWS, DOROTHY
4940 NW 18 ST.
LAUDERHILL FL 33313**

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

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	DP	MATTHEWS, DOROTHY	4940 NW 18 ST. LAUDERHILL FL 33313	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DS	JENKINS, DARLEEN	5812 BLUEBERRY CT. LAUDERHILL FL 33313	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DT	GREEN, ANGELA	1324 NW 4 AVE. FT. LAUDERDALE FL 33311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dorothy Matthews 4/30/01 (954) 735-2951**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90230 024 ****61.25

06051127

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)