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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am secretary of State DOCUMENT # N9700001641 04-10-2001 90072 045 ****70.00 WORLD LITERACY CRUSADE OF FLORIDA, INC. Principal Place of Business Mailing Address 215 N. PERVIZ AVENUE P.O. BOX 693956 739406 MIAMI FL 33269 OPA LOCKA FL 33054 3. Mailing Address P.O.B 693956 2. Principal Place of Business 14295 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0737649 Not Applicable zCountry \$8.75 Additional 169-0956 5. Certificate of Status Desired Fee Required 3305 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CAMPBELL, THEMA 7338 PEPPER PIKE DRIVE **MIAMI FL 33015** City 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 Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ■ Addition TITLE Delete TITLE CAMPBELL, THEMA NAME NAME 7910 W. Drive #305 STREET ADDRESS STREET ADDRESS 215 N. PERVIZ AVENUE N. Bay Village, T-L 33141 CSTY-ST-7IP CITY-ST-7IP OPA LOCKA FL 33054 D۷ TITLE TITLE □ Delete CARTER, LATRISHA NAME NAME 20825 NW9 Court 4201 215 N. PERVIZ AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete TITLE Addition TITLE CANNON, CLAUDETTE NAME NAME 16321 N.W. 18 Cour STREET ADDRESS STREET ADDRESS 215 N. PERVIZ AVENUE CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP Delete TITLE Carlos Jamie Agn ALI. AMINA NAME STREET ADDRESS 1441 COMMERCE WAY, SUITE 320 STREET ADDRESS 11741 S.W. 7 Street CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33016 Pembroke Pines, Fl 3302° TITLE ☐ Delete TITLE BRUNSON, ANTHONY NAME NAME STREET ADDRESS 1 EAST BROWARD BOULEVARD, SUITE 110 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Delete TITLE TITLE ☐ Addition CANNON, CLAUDETTE NAME NAME STREET ADDRESS 16321 N.W. 18 COURT STREET ADDRESS CITY-ST-ZIP OPA-LOCKA FL 33054 CITY-ST-7IP 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 true employee the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 is

cute 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 attachme 200 SIGNATURE: