## 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 a1 DOCUMENT # N9700002157 **Secretary of State** 02-08-2000 90165 018 \*\*\*\*70.00 ONE ACCORD COMMUNITY DEVELOPMENT, INC. Principal Place of Business Mailing Address 914333 3362 N.W. 151 TERRACE 3362 N.W. 151 TERRACE OPA-LOCKA FL 33054 OPA-LOCKA FL 33054-2410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0750643 Not. Zip Zip Country \$8.75 Additions Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) COBBS, ERNEST L 3362 N.W. 151 TERRACE OPA-LOCKA FL 33054 City Zip Code Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change <u>×</u>., ☐ Delete TITLE TITLE Rebecca Leonard-Ingram 10730 SW 163rd Street Miami, FL 33157 NAME COBBS, ERNEST L NAME STREET ADDRES STREET ADDRESS 3362/N.W. 151 TERRACE CITY-ST-ZIP V CITY-ST-ZIP OPA-LOCKA FL 33054 ☐ Delete Change TITLE TITLE NAME GRANT, ZERONIE N NAME STREET ADDRESS STREET ADDRESS 8430 EAST DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MIAMI\_FL 33054 ☐ Change ☐ Delete TITLE TITLE TD NAME WASHINGTON-COBBS, ELLA NAME STREET ADDRESS STREET ADDRESS 3362 N.W. 151 TERRACE CITY-ST-ZIP CITY-ST-ZIP OPA-LOCKA FL 33054 Change ☐ Delete TITLE TITLE NAME NAME GERALD, JESSIE STREET ADDRESS STREET ADDRESS 410 N.E. 191ST. STREET #101 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33179** ☐ Delete TIT) F Change TITLE NAME NAYLOR, VERA JOY NAME STREET ADDRESS STREET ADDRESS 15700 N.E. 16TH AVENUE CITY-ST-ZIP CITY-ST-ZIP <u>North Miami Beach Fl. 33162</u> ☐ Change ☐ Delete TITLE TITLE NAME NAME JONES, JACKIE STREET ADDRESS STREET ADDRESS 18505 NW 39TH CT. CITY-ST-ZIP 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 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 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: