

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000002157**

1. Entity Name

**ONE ACCORD COMMUNITY DEVELOPMENT, INC.**

Principal Place of Business

**3362 N.W. 151 TERRACE  
OPA-LOCKA FL 33054**

Mailing Address

**3362 N.W. 151 TERRACE  
OPA-LOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0750643**

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

**COBBS, ERNEST L  
3362 N.W. 151 TERRACE  
OPA-LOCKA FL 33054**

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	PD	<input type="checkbox"/> Delete
NAME	COBBS, ERNEST L	
STREET ADDRESS	3362 N.W. 151 TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	

TITLE	VD	WASHINGTON - COBBS, ELLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3362 NW 151st Terrace	
STREET ADDRESS		Opa Locka, FL 33054	
CITY-ST-ZIP			

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRANT, ZERONIE N	
STREET ADDRESS	8430 EAST DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33054	

TITLE	TD	GRANT, ZERONIE N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8430 East Dixie Highway	
STREET ADDRESS		Miami FL 33138	
CITY-ST-ZIP			

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON-COBBS, ELLA	
STREET ADDRESS	3362 N.W. 151 TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GERALD, JESSIE	
STREET ADDRESS	410 N.E. 191ST. STREET #101	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NAYLOR, VERA JOY	
STREET ADDRESS	15700 N.E. 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JACKIE	
STREET ADDRESS	18505 NW 39TH CT.	
CITY-ST-ZIP	CAROL CITY FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 REQUIRED**

4/27/01 (305) 681-4427

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90326 001 \*\*\*210.00

**72405**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)