

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90059 012 ****61.25

DOCUMENT # N97000003228

1. Entity Name

MIAMI INNER-CITY KIDS ENHANCEMENT PROGRAM, INC.



Principal Place of Business

**8800 NW 14TH AVE
SUITE 101
MIAMI FL 33147-3203
US**

Mailing Address

**8800 NW 14TH AVE
SUITE 101
MIAMI FL 33147-3203
US**

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 **65-0762616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLAIR, ARTHUR II
8800 NW 14 AVE
STE 101
MIAMI FL 33147**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Arthur M. Blair II

8/22/03

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLAIR, ARTHUR M II	
STREET ADDRESS	8800 NW 14 AVE	
CITY-ST-ZIP	MIAMI FL 33147-3203	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAREY, JOHN	
STREET ADDRESS	8800 NW 14TH AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALI, CLASSIUS	
STREET ADDRESS	8800 NW 14TH AVE	
CITY-ST-ZIP	MIAMI FL 33147-3203	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLAIR, JAN	
STREET ADDRESS	8800 NW 14 AVE	
CITY-ST-ZIP	MIAMI FL 33147-3203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, N.D. SAABIR	
STREET ADDRESS	8800 N.W. 14 AVE.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Arthur M. Blair II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/03

305-836-2487
Daytime Phone #

CR2E037 (4/03)