

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90035 012 ****70.00

DOCUMENT # N97000004793
1. Entity Name
 DISTRICT 35-A PROJECTS, INC.

Principal Place of Business 166 HIALEAH DRIVE
 HIALEAH, FL 33010
Mailing Address C/O COLLEEN PINKERTON
 19705 W. LAKE DRIVE
 HIALEAH, FL 33015

2. Principal Place of Business
3. Mailing Address
 C/O COLLEEN PINKERTON
 Suite, Apt. #, etc. 19705 W. LAKE DRIVE

City & State HIALEAH, FL 33015-2250

Zip **Country** **Zip** **Country**

4. FEI Number 65-0778780
 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HOLDEN, FRANCIS E., JR.
 166 HIALEAH DRIVE
 HIALEAH, FL 33010

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW **FILE IS \$81.25** **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 '00		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		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 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: COLLEEN PINKERTON--APRIL 25, 2001 - (305) 829-6543
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

658639

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)