

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90045 023 ****61.25

DOCUMENT # N97000004793

1. Entity Name

DISTRICT 35-A PROJECTS, INC.



Principal Place of Business

**166 HIALEAH DRIVE
HIALEAH FL 33010**

Mailing Address

**%COLLEEN PINKERTON
19705 W LAKE DRIVE
HIALEAH FL 33015-2250**

2. Principal Place of Business

3. Mailing Address

**MARTIN MURPHY
Suite, Apt. #, etc.
15407 SW 57th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

Country

33193

Country

USA

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIDAL, MARIAELENA 6895 PINEHURST DRIVE MIAMI FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWCOMB, BETTY 7075 W 3RD AVENUE HIALEAH FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECHEVARRIA, ROSELIA 399 GOLDEN BEACH DRIVE GOLDEN BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINKERTON, COLLEEN 19705 WEST LAKE DRIVE HIALEAH FL 33015-2250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVALLARO, JACK 18360 NE 21 COURT NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, JR FRANCIS E 166 HIALEAH DR HIALEAH FL 33010	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORM LEVISON 2243 WILEY CT. HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOTTIE SEIPP 7181 BAMBOO CT. MIAMI LAKES FL 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN MURPHY 15407 SW 57th St MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Martin Murphy* 3-6-03 305-385-5126

CR2E037 (10/02)