

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005439

1. Entity Name

C. L. BROOKS, JR. COMMUNITY DEVELOPMENT INCORPOR

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90006 012 ****70.00

Principal Place of Business

3931 NW 177TH ST.
OPA LOCKA FL 33055-3853

Mailing Address

3931 NW 177TH ST.
OPA LOCKA FL 33055-3853

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

65-0777431

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

BROOKS, C. L. JR.
3931 NW 177TH ST.
OPA LOCKA FL 33055-3853

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

After September 13, 2000 min. will be \$236.25

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	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, T.G. REV	
STREET ADDRESS	2075 N.W. 99TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIMSLEY, H.B. MRS	
STREET ADDRESS	19431 N.W. 39TH CT.	
CITY-ST-ZIP	OPA-LOCKA FL 33055	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALTHOUR, L.T. REV	
STREET ADDRESS	15000 N.W. 27TH AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. JO ANNE JONES	
STREET ADDRESS	2870 NORTH WEST 208 STREET	
CITY-ST-ZIP	OPA-LOCKA, FLORIDA 33056	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. PAM SMITH	
STREET ADDRESS	2970 NORTHWEST 203RD TERRACE	
CITY-ST-ZIP	CAROL CITY, FLORIDA 33055	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-12-00

CR2E037 (5/00)