

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-28-2002 91750 017 ****61.25

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

DOCUMENT # **1197000005715** ✓

1. Entity Name

ROOTS AND CULTURE, INC.

DO NOT WRITE IN THIS SPACE

94795

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4141 N. Miami Ave

3. Mailing Address
4141 N. Miami Ave

Suite, Apt. #, etc.
304

Suite, Apt. #, etc.
304

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0784709

Applied For
 Not Applicable

Zip
33127

Country
USA

Zip
33127

Country
USA

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current 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 fee if applicable.

(NOTE: Registered Agent Signature required when renewing)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Stanley Alexis 9716 SW 147 Ct Miami, FL 33196 D	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Ketline Alexis 9716 SW 147 Ct Miami, FL 33196 T	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Treasurer Fred Jean Saint-Armand 175 NE 54th Street Miami, FL 33127 T	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary Eustache Fleurant 6730 Bull Run Rd, Unit F456 Miami Lakes, FL 33014 T	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02 305-576-0206

CR2E037B (12/01)