

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005942

1. Entity Name

MONSERRAT OPROGRESSIVE SOCIETY OF SOUTH FLORIDA
MONTSEERRAT PROGRESSIVE SOCIETY OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 173324
MIAMI FL

P.O. BOX 173324
MIAMI FL 33017-3324

2. Principal Place of Business

P O Box 694684

Suite, Apt. #, etc.

3. Mailing Address

P O Box 694684

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33269

Country
USA

Zip
33269

Country
USA

4. FEI Number

65-0788596

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

TAYLOR, MICHAEL
20401 NW 2ND AVENUE
STE 208
MIAMI FL 33169

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

MICHAEL TAYLOR, Registered Agent

4/18/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME LAOKE, IVOLINE
STREET ADDRESS 1099 N.E. 165TH ST.
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE D ☐ Change ☒ Addition
NAME HUBERT FRENCH
STREET ADDRESS P O Box 694684
CITY-ST-ZIP Miami, FL 33269

TITLE D ☒ Delete
NAME WINT, ALICIA
STREET ADDRESS 7540 KISMAT ST.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Change ☒ Addition
NAME JOHN RYAN
STREET ADDRESS P O Box 694684
CITY-ST-ZIP Miami, FL 33269

TITLE T ☐ Delete
NAME RYAN, YVONNE
STREET ADDRESS 8201G NW 74TH AVE
CITY-ST-ZIP MIAMI FL 33166

TITLE P/D ☒ Change ☐ Addition
NAME YVONNE RYAN
STREET ADDRESS P O Box 694684
CITY-ST-ZIP Miami, FL 33269

TITLE T ☐ Delete
NAME CLARK, MABEL
STREET ADDRESS 3892 NW 213TH STREET
CITY-ST-ZIP MIAMI FL 33055

TITLE V ☐ Change ☒ Addition
NAME IRIS LAKE-RYAN
STREET ADDRESS P O Box 694684
CITY-ST-ZIP Miami, FL 33269

TITLE D ☒ Delete
NAME BLAKE, ALFRED J
STREET ADDRESS 1295 S.W. 101 TERRACE, APT. 106
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE T ☒ Change ☐ Addition
NAME MABEL CLARKE
STREET ADDRESS P O Box 694684
CITY-ST-ZIP Miami, FL 33269

TITLE D ☒ Delete
NAME GISSETTE, GORDON
STREET ADDRESS 15760 N.W. 7TH AVENUE, APT. G
CITY-ST-ZIP MIAMI FL 33169

TITLE S ☐ Change ☒ Addition
NAME JERLEEN JOHN
STREET ADDRESS P O Box 694684
CITY-ST-ZIP Miami, FL 33269

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

JERLEEN JOHN, Secretary

4/18/00

954 735-6295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)