

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000828

1. Entity Name

RESTORATION & RECONCILIATION OUTREACH, INC.

Principal Place of Business

16186 NW 27TH AVE
OPA-LOCKA FL 33054
US

Mailing Address

16186 NW 27TH AVE
OPA-LOCKA FL 33054
US

2. Principal Place of Business

16162 NW 27th Ave

3. Mailing Address

16162 NW 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa-Locka, FL

City & State

Opa-Locka, FL

Zip

33054

Country

US

Zip

33054

Country

US

4. FEI Number

65-0792811

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, LINDA GAIL
2981 N.W. 157TH TERRACE
OPA-LOCKA FL 33054

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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, LINDA G	
STREET ADDRESS	2981 N.W. 157TH TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOBO, DAWN M	
STREET ADDRESS	2981 N.W. 157TH TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HODGE, ANNE	
STREET ADDRESS	20104 NW 35TH AVE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHERYL G	
STREET ADDRESS	8639 S HAMPTON DR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRATTON, MELVIN L	
STREET ADDRESS	19468 NW 28TH PLACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENJAMIN BROWNE, WINIFRED D	
STREET ADDRESS	555 N.W. 121ST STREET	
CITY-ST-ZIP	OPA-LOCKA FL 33054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-Pres. Corporation	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN M. BOBO	
STREET ADDRESS	6284 NW 186th ST. APT. 105	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry McClain	
STREET ADDRESS	2930 N.W. 157th Street	
CITY-ST-ZIP	Opa-Locka, Florida 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dahlia Lockhart	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	655 NW 56th Street, Apt #201	
CITY-ST-ZIP	Miami, FL 33127	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Pinkney	
STREET ADDRESS	18921 NW 14th Court	
CITY-ST-ZIP	Miami, FL 33169	

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:

LINDA G. ROSS

4/27/01

305-626-0165



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)