

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002278

1. Entity Name

COMMUNITY POLITICAL SCREENING PANEL, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90012 006 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1405 N.W. 167 ST.  
SUITE #100  
MIAMI FL 33169

P.O. BOX 640694  
MIAMI FL 33164-0694

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0842462

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PINDER, THOMAS K DR  
18010 N.E. 10TH AVE.  
MIAMI FL 33162-1272

Name

Eufaula Frazier

Street Address (P.O. Box Number is Not Acceptable)

4929 NW 17th Ave

City

Miami FL

FL

Zip Code

33142

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 Eufaula Frazier President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/000

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 CP ☐ Delete  
NAME FRAZIER, EUFAULA  
STREET ADDRESS 4900 NW 32 AVE  
CITY-ST-ZIP MIAMI FL 33142

TITLE V ☒ Delete  
NAME COOK, JOSEPH  
STREET ADDRESS 1831 NW 170 ST  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete  
NAME RUSSO, MONICA  
STREET ADDRESS 11 NW 154 ST  
CITY-ST-ZIP MIAMI FL 33169

TITLE S ☒ Delete  
NAME TURNQUEST, DONNA  
STREET ADDRESS 465 NW 89 ST  
CITY-ST-ZIP MIAMI FL 33150

TITLE T ☐ Delete  
NAME GRAYSON, LOUELL L  
STREET ADDRESS 8465 NW 12 AVE  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete  
NAME MCKENZIE, WILFRED  
STREET ADDRESS 3280 NW 48 TERR  
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Paullett Wimberty  
STREET ADDRESS 17351 NW 29 Ave  
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE F ☒ Change ☐ Addition  
NAME Dorothy Jackson  
STREET ADDRESS 5747 S.W. 97st  
CITY-ST-ZIP Miami FL 33130

TITLE ☐ Change ☐ Addition  
NAME Lorenza R. Arroyo  
STREET ADDRESS 8465 N.W. 12 Ave  
CITY-ST-ZIP Miami, 33150

TITLE ☐ Change ☐ 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: Eufaula Frazier President 4/3/000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)