

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000002278**

1. Entity Name

COMMUNITY POLITICAL SCREENING PANEL, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90018 045 ****70.00

Principal Place of Business

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

Mailing Address

**P.O. BOX 640694
MIAMI FL 33164**

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

58-0842462

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

**FRAZIER, EUFALIA
4929 NW 17TH AVE
MIAMI FL 33142**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Wimberly, Paulette**
CITY-ST-ZIP **1751 N.W. 29th Ave
Miami FL 33056**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Sel.**
STREET ADDRESS **Dorothy Jackson**
CITY-ST-ZIP **5745 S.W. 197 St
Miami FL 33130**

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)