

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002549

1. Entity Name  
TRACEY JONES Multi-Ethic Charm  
SCHOOL FOR FEMALES INC

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90070 026 \*\*\*\*61.25

Principal Place of Business  
13830 NE 1st Ave.  
North Miami FL 33161

Mailing Address  
107-30 170th St.  
Jamaica N.Y. 11433

00040625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Miami - Florida  
Suite, Apt. #, etc.  
13830 NE 1st Ave

3. Mailing Address  
107-30 170th St.  
Suite, Apt. #, etc.  
Jamaica

City & State  
N. Mia. FL

City & State  
New York

Zip  
33161

Country  
USA

Zip  
11433

Country  
USA

4. FEI Number  
65-0839074

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
TRACEY JONES  
13830 NE 1st Ave  
Miami FL 33161

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: *Tracey Jones*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Chair person / Director	GAMAL AUGDELSID	451 W 44 St #26 NY NY	10036		

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: *Tracey Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date Daytime Phone #

CR2E037 (9/99)