

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004270

1. Entity Name

MCPBA FOUNDATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90143 008 ****61.25

Principal Place of Business
C/O LYNN C. WASHINGTON
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

Mailing Address
P.O. BOX 015563
MIAMI FL 33101-5563
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Zip
Country

4. FEI Number
31-1615678
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCLISH, ORVILLE
960 NE 214 LANE
#4
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name **Willie R Jackson Jr**
Street Address (P.O. Box Number is Not Acceptable)
1000 NW 62 ST
City **MIAMI** FL **33150**

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 **Willie R. Jackson Jr.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

31 Jan. 2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	COWART, TORSANT	
STREET ADDRESS	18722 NW 42 CT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EALEY, WILLIE	
STREET ADDRESS	2900 NW 184 ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHEATHAM, BOBBIE	
STREET ADDRESS	17201 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCLISH, ORVILLE	
STREET ADDRESS	960 NE 214 LANE #4	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NAJIY, ANITA	
STREET ADDRESS	421 NW 104 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, RAMON	
STREET ADDRESS	3561 SW 70 AVE	
CITY-ST-ZIP	MIRAMAR FL 33023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, RAMON	
STREET ADDRESS	3561 SW 70 AVE	
CITY-ST-ZIP	MIAMI, FL 33023	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EALEY, WILLIE	
STREET ADDRESS	2900 NW 184 ST	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheatham, Bobbie	
STREET ADDRESS	17201 NW 22 AVE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLISH, ORVILLE	
STREET ADDRESS	960 NE 214 LANE #4	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **Ramon Carr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan. 2000 (305) 795-2317

Date

Daytime Phone #

CR2E037 (9/99)