

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90471 045 ****61.25

DOCUMENT # N98000004270

1. Entity Name

MCPBA FOUNDATION, INC.



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
US

04003706



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

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

JACKSON, WILLIE R JR
1000 NW 62ND STREET
MIAMI FL 33150

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **NELSON, JULIUS**
STREET ADDRESS **400 NW 2 AVENUE**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **DV** ☒ Delete
NAME **EALEY, WILLIE**
STREET ADDRESS **400 NW 2 AVENUE**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **DT** ☐ Delete
NAME **MCLISH, ORVILLE**
STREET ADDRESS **1000 NW 62 STREET**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **D** ☒ Delete
NAME **CARR, RAMON**
STREET ADDRESS **1000 NW 62 STREET**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **D** ☐ Delete
NAME **NAJIY, ANITA M**
STREET ADDRESS **1000 NW 62 STREET**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Dennis Jackson**
STREET ADDRESS **400 NW 2 AVE**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **DV** ☒ Change ☐ Addition
NAME **Vernell Reynolds**
STREET ADDRESS **1000 NW 62 ST**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **DP** ☒ Change ☐ Addition
NAME **Carr, Ramon**
STREET ADDRESS **400 NW 2 AVE**
CITY-ST-ZIP **MIAMI, FL 33128**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anita M. Naji **ANITA M. NAJIY** **3/9/04** **305 795-2300**