

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90068 050 *****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **NELSON, JULIUS**
STREET ADDRESS **1507 NW 100 ST**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **DV** ☐ Delete
NAME **EALEY, WILLIE**
STREET ADDRESS **2900 NW 184 ST**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **DV** ☒ Change ☐ Addition
NAME **Ealey, Willie**
STREET ADDRESS **400 NW 2 AVE**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **DT** ☐ Delete
NAME **MCLISH, ORVILLE**
STREET ADDRESS **4851 SW 153 TERR**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **DT** ☒ Change ☐ Addition
NAME **McLish, Orville**
STREET ADDRESS **1000 NW 62 Street**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **D** ☐ Delete
NAME **CARR, RAMON**
STREET ADDRESS **3561 SW 70 AVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☒ Change ☐ Addition
NAME **Carr, Ramon**
STREET ADDRESS **1000 NW 62 St**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **NAJIY, Anita M.**
STREET ADDRESS **1000 NW 62 ST**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Delete
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 Required: ANITA M. NAJIY

8/30/03

305 795 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)