

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90127 035 \*\*\*\*61.25

**DOCUMENT. # N98000005496**

1. Entity Name

**STARKS CHARITABLE FOUNDATION, INC.**

Principal Place of Business

**6761 ROYAL MELBOURNE DRIVE  
MIAMI FL 33017**

Mailing Address

**P.O. BOX 170103  
HIALEAH FL 33017**

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

**65-0864604**

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

**STARKES, WILLIE  
811 N.E. 199TH STREET, APT. #106  
MIAMI FL 33179**

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 **D** ☐ Delete  
NAME **STARKS, DUANE**  
STREET ADDRESS **811 N.E. 199TH STREET, APT. #106**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Loretta Johnson**  
STREET ADDRESS **20837 NW 41 AVE RD**  
CITY-ST-ZIP **MIAMI, FL 33055**

TITLE **D** ☐ Delete  
NAME **STARKS, WILLIE**  
STREET ADDRESS **811 N.E. 199TH STREET, APT. #106**  
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **D** ☐ Delete  
NAME **STARKS, SHARON**  
STREET ADDRESS **811 N.E. 199TH STREET, APT. #106**  
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **D** ☐ Delete  
NAME **STARKS, CATHERINE**  
STREET ADDRESS **811 N.E. 199TH STREET, APT. #106**  
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **D** ☐ Delete  
NAME **SIMMONS, JOE**  
STREET ADDRESS **765 NW 84 STREET**  
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete  
NAME **DAVIS, LIZENA**  
STREET ADDRESS **2601 NASSAU DRIVE**  
CITY-ST-ZIP **MIAMI FL 33132**

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 #

CR2E037 (10/00)