

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006347

1. Entity Name

COMMUNITY ALLIANCE FOR FAMILY AND CAREER DEVELOP

Principal Place of Business

4147 N STATE ROAD 7
LAUDERDALE LAKES FL 33319

Mailing Address

4147 N STATE ROAD 7
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2769 N.W. 36 Ave

Suite, Apt. #, etc.

City & State

City & State

Lauderdale Lakes Fl.

Zip

Country

Zip

Country

33311

Broward

4. FEI Number

65-0877671

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

ROGERS, HAZELLE
2769 NW 36 AVE
LAUDERDALE LAKES FL 33311

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

Hazelle Rogers, Director

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

(NOT: Registered Agent signature required when reinstating)

5/20/01

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 SD ☐ Delete
NAME MORRIS, GERI
STREET ADDRESS 3363 NW 27 ST
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE CD ☐ Delete
NAME WILLIAMS, BEVERLY
STREET ADDRESS 3369 NW 21 STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE D ☐ Delete
NAME ROGERS, HAZELLE
STREET ADDRESS 2769 NW 36 AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE D ☐ Delete
NAME JULIUS, RUDY
STREET ADDRESS 19101 NW 11 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME HAMILTON, VENE M
STREET ADDRESS 269 N UNIVERSITY DR
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME
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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 is 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:

Hazelle Rogers, Director 5/20/01 (954) 535-2730

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91173 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)