

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90386 033 \*\*\*\*\*61.25

**DOCUMENT # N98000006626**

1. Entity Name  
**NORTH DADE CONCERTED SERVICES, INC.**



Principal Place of Business

**4624 HOLLYWOOD BLVD  
#206  
HOLLYWOOD FL 33021**

*Moved*

Mailing Address

**1830 NW 188TH TERRACE  
MIAMI FL 33056**

**11000100**



2. Principal Place of Business

**1830 NW 188th Terrace**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **33056**

Country **Miami-Dade**

Zip **33056**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BELCHER, BERNICE O  
1830 NW 188TH TERRACE  
MIAMI FL 33056**

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 *Bernice O. Belcher*

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

(NOTE: Registered Agent signature required when reinstating)

**4-22-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WILLIAMS, RALPH**  
STREET ADDRESS **16820 NW 20TH AVE**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☐ Delete  
NAME **ARMBRISTER, VASHM**  
STREET ADDRESS **16035 NW 28TH CT**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **D** ☐ Delete  
NAME **JONES, KATHY**  
STREET ADDRESS **350 NW 158TH AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: *Bernice O. Belcher* **REQUIRED**

**4-22-03 (300) 347-4622**

CR2E037 (10/02)