

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90019 034 \*\*\*\*70.00

DOCUMENT # N98000006658

1. Entity Name

RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELO

Principal Place of Business

Mailing Address

5524 NORTHWEST 7TH AVENUE  
MIAMI-DADE FL 33127

5524 NORTHWEST 7TH AVENUE  
MIAMI-DADE FL 33127-1402

00000007

2. Principal Place of Business

3. Mailing Address

5524 NW 7TH AVE  
Suite, Apt. #, etc.

5524 NW 7TH AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0880092

Applied For

Not Applicable

Zip 33127

Country DADE

Zip 33127

Country DADE

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

MASON, SAMUEL  
17301 N.W. 24TH AVENUE  
MIAMI FL 33056

Name SAMUEL MASON

Street Address (P.O. Box Number is Not Acceptable)  
17301 NW 24TH AVE

City MIAMI

FL

Zip Code 33056

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 Samuel Mason

2-6-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, ADDIE 17610 NW 13TH COURT MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA MASON, SAMUEL 17301 NW 24TH AVE MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGLAS, SARAH 17301 NW 24TH AVE MIA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, SAMUEL 17301 NW 24TH AVE MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS EC ROSEMOND, RENEE 1485 NE 121ST ST MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCHRAN, LAWRENCE 1961 NW 190 TERR MIAMI FL 33161	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIE E SMITH 1000 NW 62ND STREET MIAMI FLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE BRADWELL 1000 NW 62ND STREET MIAMI FLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLGA KOMB 1000 NW 62ND STREET MIAMI FLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2000 3057563227

Date

Daytime Phone #

CR2E037 (9/99)