

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90190 001 ****61.25
05-05-2001 90190 002 *****8.75

DOCUMENT # N98000006658

1. Entity Name
RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELO

Principal Place of Business
**5524 NORTHWEST 7TH AVENUE
MIAMI FL 33127**

Mailing Address
**5524 NORTHWEST 7TH AVENUE
MIAMI FL 33127**

2. Principal Place of Business
5524 NW 7TH AVE
Suite, Apt. #, etc.

3. Mailing Address
5524 NW 7TH AVE
Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FLA

Zip
33127

Country
DADE

Zip
33127

Country
DADE

4. FEI Number
65-0880092

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MASON, SAMUEL
17301 N.W. 24TH AVENUE
MIAMI FL 33056**

7. Name and Address of New Registered Agent
Name **SAMUEL MASON**
Street Address (P.O. Box Number is Not Acceptable)
17301 NW 24TH AVE
City **MIAMI FLA** FL Zip Code **33127**

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* (NOTE: Registered Agent signature required when reinstating)

DATE **4/5-01**

**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 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 SMITH, WILLIE E 1000 NW 62ND STREET MIAMI 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 ROSEMOND, RENEE 1485 NE 121ST ST MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COCHRAN, LAWERENCE 1961 NW 190 TERR MIAMI FL 33161	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDIE A. MOORE JR. 17610 NW 13TH CT MIAMI FLA 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CEO SAMUEL MASON 5524 NW 7TH AVE MIAMI FLA 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AJ MELTON C.B. 417 NW 91 STREET MIAMI FLA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMUEL MASON R.A. 17301 NW 24TH AVE MIAMI FLA 33056	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RENEE WALKER JR. 1485 NE 121ST MIAMI FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LAWERENCE COCHRAN 1961 NW 190 TERR MIAMI FL 33161	<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: *Samuel Mason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

CHILDREN FIRST
FREDERICK DOUGLASS



LIBERTY CITY LEARNING CENTER

R.T.P.E.D.C.

**RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELOPMENT
CORPORATION**

BOARD OF DIRECTORS

Mr. Samuel Mason -President and CEO (3 years)
5524 N.W. 7th Avenue
Miami, Fl. 33127

Mr. A.J. Melton- Chairman of the Board (1 year)
417 N.W. 91st Street
Miami, Fl. 33150

Ms. Bonita Baker- Vice-Chairman of the Board (1 year)
3926 N.W. 181st Street
Opa Locka, Fl. 33055-3406

Ms. Addie Moore- Treasurer (3 years)
17610 N.W. 13th Ct.
Miami, Fl. 33169

Renee Walker- Secretary (3years)
17301 N.W. 24th Avenue
Miami, Fl. 33056

Lawrence Cochren- (3 years)
11000 N.W. 62nd Street
Miami, Fl. 33127

Advisory Board

Ms. Mary Johnson-(3 years)
Director of Education

Ms. Josie Poitier-(3 years)
Director of Children Activities

Mr. Winston W. Hale
11401 Booker T. Washington Blvd.
Miami, Fl. 33176-7357

Dear Sir; This is the Board
Attachment Doc# N98000000058

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