

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0020837

DOCUMENT # N98000006658

1. Entity Name

RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

5524 NORTHWEST 7TH AVENUE
 MIAMI FL 33127

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 MIAMI FL 33127

2. Principal Place of Business

R.T.P.E.D.C. INC.
 Suite, Apt. #, etc.

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA
 Zip **33127** Country **DA DA**

City & State

MIAMI FLA
 Zip **33127** Country **DA DA**

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 Not Acceptable) **5524 NW 7TH AVE**
 City **MIAMI** 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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	5524 NW 7TH AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MR. AJ MELTON, CHAIRMAN	
STREET ADDRESS	MRS. BONITA BARBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	5524 NW 7TH AVE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Samuel Mason

3-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)