

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90130 026 \*\*\*\*61.25

**DOCUMENT # N98000006658**

1. Entity Name

**RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELOPMENT CORPORATION**



Principal Place of Business

**RTPEDP INC  
MIAMI FL 33127**

Mailing Address

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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**5524 NW 7th Ave**

**5524 NW 7th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MAIN FLOOR**

**MAIN FLOOR**

City & State

City & State

**MIAMI FL 33127**

**MIAMI FLA**

Zip

Zip

**331227**

**331227**

Country

Country

**DADE**

**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

7. Name and Address of New Registered Agent

**MASON, SAMUEL  
5524 NW 7TH AVE  
MIAMI FL 33056**

Name **SAMUEL MASON**

Street Address (P.O. Box Number is Not Acceptable)

**5524 NW 7th Ave**

**MIAMI FL**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete  
NAME **MOORE, ADDIE**  
STREET ADDRESS **17810 NW 13TH COURT**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **RA** ☐ Delete  
NAME **MASON, SAMUEL**  
STREET ADDRESS **17301 NW 24TH AVE**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **SD** ☐ Delete  
NAME **WALKER, RENEE**  
STREET ADDRESS **17301 NW 13TH CRT**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **PD** ☐ Delete  
NAME **MASON, SAMUEL**  
STREET ADDRESS **17301 NW 24TH AVE**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **CS** ☐ Delete  
NAME **ROSEMOND, RENEE**  
STREET ADDRESS **1485 NE 121ST ST**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **VC** ☒ Delete  
NAME **COCHRAN, LAWRENCE**  
STREET ADDRESS **1961 NW 190 TERR**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☒ Addition  
NAME **A.J. MELTON**  
STREET ADDRESS **CHARMBL**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **ADDIE MOORE**  
STREET ADDRESS **TREASURY**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **RENEE WALKER**  
STREET ADDRESS **SEC.**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **WINSTON HALE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **MARY JOHNSON**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **RA**  
STREET ADDRESS **SAMUEL MASON PRESIDENT**  
CITY-ST-ZIP **CEO**

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 REQUIRED**

*Samuel Mason*

CR2E037 (10/02)