2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

FILED DOCUMENT # **N9800007105** May 19, 2000 8:00 am Secretary of State LIGHTHOUSE COMMUNITY DEVELOPMENT, INC. 05-19-2000 90016 014 ****70.00 Principal Place of Business Mailing Address 300 NE 62 STREET 300 NE 62 STREET MIAMI FL 33138-6017 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0882233 Not Applicable Country Zip **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FELTON, WILLIE J JR. 300 NE 62 STREET **MIAMI FL 33168** 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition ☐ Delete TITI F Felton, Karen 5. NAME FELTON, WILLIE J JR. STREET ADDRESS STREET ADDRESS 14801 S River Drive 300 NE 62 STREET CITY-ST-ZIP Miami FL 33167 MIAMI FL 33168 **▼** Delete ☐ Change Addition TITLE TITLE DS Jones Cassandra NAME NAME GILBERT, KAREN 257 NE 141 Street STREET ADDRESS STREET ADDRESS 2933 NW 49 ST CITY - ST - ZIP CITY-ST-ZIP Hiami FL 33161 MIAMI FL 33142 Delete Addition Addition Change TITLE TITLE. NAME Louis, Kepler NAME RICHBURG, DARRYL 6791 NW 2 Avenue, #4 STREET ADDRESS STREET ADDRESS 730 NW 76 ST. CITY-ST-ZIP CITY-ST-7IP Miami FL 33150 MIAMI FL 33150 Addition TITLE ☐ Change ☐ Delete Fequiere, Hanz 217 NE 199 Lane NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP North Miami Beach, FL 33179 ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 outrustee empowered to effect the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an extractive time empowered.