

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90043 045 ****61.25

DOCUMENT # N99000000616

1. Entity Name

BASIC TRAINING DELIVERANCE ACADEMY, INC.

Principal Place of Business

Mailing Address

1900 NW 2 CT
 MIAMI FL 33136

1900 NW 2 CT
 MIAMI FL 33136

2. Principal Place of Business

1215 NW 7TH AVENUE

3. Mailing Address

1215 NW 7TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

MIAMI

City & State

City & State

MIAMI FLORIDA

MIAMI

Zip

Zip

33136

33136

Country

Country

MIAMI DADE

FLORIDA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0707527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SPANN, VINCENT
900 NW 7TH AVE
MIAMI FL 33136

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

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	PD	<input type="checkbox"/> Delete
NAME	SPANN, VINCENT	
STREET ADDRESS	900 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COACHMAN, BARRETT	
STREET ADDRESS	900 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROLLE, WILBERT	
STREET ADDRESS	900 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1250 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33136	
TITLE	Treasurer - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN CARAZO ZAPETIS	
STREET ADDRESS	690 NW 13 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33136	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. LUCAS	
STREET ADDRESS	690 NW 13 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33136	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHONAY CHARLES	
STREET ADDRESS	18651 NORTH MIAMI AVENUE	
CITY-ST-ZIP	N. MIAMI, FLORIDA 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEROME SPANN	
STREET ADDRESS	1250 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33136	

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**

1 MAY 01

CR2E037 (10/00)