

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 03, 2002 8:00 am
Secretary of State

09-22-2002 90069 009 ****61.25

DOCUMENT # N99000000616

1. Entity Name

BASIC TRAINING DELIVERANCE ACADEMY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9405A NW 4 AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip

33150

Country

USA

Zip

33150

Country

USA

4. FEI Number

65-0407527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name VINCENT SPANN

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

9405A NW 4 AVE

City MIAMI

FL

Zip Code

33150

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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 PRESIDENT (P) DIRECTOR
STREET ADDRESS VINCENT SPANN
CITY-ST-ZIP 9405A NW 4 AVE MIA, FL 33150

TITLE NAME STACY JOHNS (S) TRUSTEE
STREET ADDRESS 2657 NW 49 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE NAME SADIE PATRICK SPANN (D) TRUSTEE
STREET ADDRESS 14155 W. DIXIE HWY #30
CITY-ST-ZIP MIAMI, FL 33161

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IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

VINCENT SPANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 SEP 02

Date

(305) 758-1781

Daytime Phone #