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

FILED

03 JUN -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800020525638
06/01/03--01062--008 **61.25

DOCUMENT # N99000000882

1. Entity Name

Black Pilots of America (BPA) South Florida Chapter

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 00-03

2. Principal Place of Business	3. Mailing Address
Florida Memorial College	P. O. Box 552134
Suite, Apt. #, etc. 15800 NW 42 Avenue	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33054 / Country USA	Zip 33055 / Country USA

4. FEI Number 65-0890987 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark Thomas

Street Address (P.O. Box Number is Not Acceptable): 12905 NE 12 Avenue

City: North Miami FL Zip Code: 33161

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: Mark Thomas — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — Mark Thomas — May 10, 2003 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
President D Mark Thomas 12905 NE 12 Ave 33161 North Miami, Fl.	
Vice President D Carlentine Singletary 8850 NW 3 Street 33024 Pembroke Pines, Fl.	
Treasurer D French Shannon 2340 NW 72 Avenue # 206 33313 Sunrise, Fl.	DO NOT WRITE IN THIS SPACE
Secretary D Arthemon Johnson 2412 NW 108 Street 33167 Miami, Fl.	

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: Mark Thomas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — MARK THOMAS — 5-10-03 Date — (305) 895-1890 Daytime Phone #

CR2E037B (12/02)

gr 6/2