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

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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

REINSTATEMENT DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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

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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) — 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		
President	Mark Thomas	12905 NE 12 Ave North Miami, Fl. 33161
Vice President	Carlentine Singletary	8850 NW 3 Street Pembroke Pines, Fl. 33024
Treasurer	French Shannon	2340 NW 72 Avenue # 206 Sunrise, Fl. 33313
Secretary	Arthemon Johnson	2412 NW 108 Street Miami, Fl. 33167

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CR2E037B (12/02)

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 — Date: 5-10-03 — Daytime Phone #: (305) 895-1890

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