

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003174

1. Entity Name

VICTORY ON THE ROCK COMMUNITY DEVELOPMENT INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90075 023 ****61.25

Principal Place of Business

2899 NW 168TH TERR.
MIAMI FL 33056-4432

Mailing Address

2899 NW 168TH TERR.
MIAMI FL 33056-4432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0941126

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEARE, ALVIN
2899 NW 168TH TERR.
MIAMI FL 33056-4432

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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

TITLE PD
NAME CLEARE, ALVIN
STREET ADDRESS 2899 NW 168 TERRACE
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE VD
NAME CLEARE, PATRICIA
STREET ADDRESS 2899 NW 168 TERRACE
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE SD
NAME DAVIS, TWNALLA
STREET ADDRESS 75 NW 43RD STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE ASD
NAME SHEPPARD, LAURETTE
STREET ADDRESS 17101 NW 43 STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE D
NAME TAYLOR, LATONYA
STREET ADDRESS 1365 NW 86 STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *ALVIN CLEARE* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-2K 305-620-6682

Date

Daytime Phone #

CR2E037 (9/99)