

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005008

1. Entity Name

THE NATIONAL ASSOCIATION OF NEGRO BUSINESS AND P

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90350 041 ****70.00

Principal Place of Business

1385 N.W. 50TH STREET
MIAMI FL 33142

Mailing Address

1385 N.W. 50TH STREET
MIAMI FL 33142

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

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAY, MARTHA
3044 N.W. 49 STREET
MIAMI FL 33142

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 D ☐ Delete
NAME DAWKINS, NANCY
STREET ADDRESS 1385 N.W. 50TH STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME DAY, MARTHA
STREET ADDRESS 3044 N.W. 49 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME MCCRAY, MARY
STREET ADDRESS 3300 HIBISCUS STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME SIDNEY, ALICE
STREET ADDRESS 3725 N.W. 11 AVE.
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

MARTHA JIE FLORENTINE Martha Day

April 25, 2001 305-633-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)