

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005835

1. Entity Name

COMMUNITY ALLIANCE FOR REFORM IN EDUCATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90187 043 ****70.00

Principal Place of Business

Mailing Address

423 FERN STREET #220
WEST PALM BEACH FL 33401

423 FERN STREET #220
WEST PALM BEACH FL 33401-5839

2. Principal Place of Business

423 FERN STREET #220
Suite, Apt. #, etc.

Suite 220

City & State
West Palm Beach, FL

Zip
33401

Country
USA

3. Mailing Address

423 Fern Street
Suite, Apt. #, etc.

Suite 220

City & State
West Palm Beach, FL

Zip
33401

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0973791

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARMONA, LISA

423 FERN STREET #220

WEST PALM BEACH FL 33401

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 Lisa Carmona
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Annetta Jenkins (D) ☐ Delete
1555 Palm B. Lakes Blvd
Suite 1500
West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mouma Lewis (D) ☐ Delete
7305 Catalina Isle Dr
Lake Worth, FL 33476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Cathy Anaya (D) ☐ Delete
5801 Parker Ave
West Palm Beach, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

954-255-4065

Daytime Phone #

CR2E037 (9/99)