

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006187

1. Entity Name

VANKARA MILITARY ACADEMY CHARTER SCHOOL, INC.

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

03-06-2000 90011 018 ****70.00

Principal Place of Business

Mailing Address

13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054

13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054-4722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ELVIRA
13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME TAYLOR, JOHN
STREET ADDRESS 330 SEAMAN AVE.
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE P ☒ Change ☐ Addition
NAME TAYLOR, REV. JOHN H.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TAYLOR, MYRA
STREET ADDRESS 330 SEAMAN AVE.
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE V ☒ Change ☐ Addition
NAME TAYLOR, MRS. MYRA L.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, ELVIRA
STREET ADDRESS 13400 ALEXANDRIA DR
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCCALL, ANEUS L
STREET ADDRESS 1516 NE 152ND ST.
CITY-ST-ZIP MIAMI FL 33179

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME PATTERSON, ELEASE F.
STREET ADDRESS 1516 N.E. 152 ST
CITY-ST-ZIP MIAMI, FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME SMITH, DR. WILLIELYRA
STREET ADDRESS 2131 N.W. 96 ST
CITY-ST-ZIP MIAMI, FL 33147

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

ELVIRA SMITH

01/10/00 305-681-6121

Date

Daytime Phone #

CR2E037 (9/99)