

UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 05, 2000 8:00 am
Secretary of State

05-02-2000 90085 043 ****70.00

DOCUMENT # **N99000007244**

ALL CITY COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business 3848 W. BROWARD BLVD. PLANTATION FL 33312	Mailing Address 3848 W. BROWARD BLVD. PLANTATION FL 33312
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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 65-0974934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ, CLIFTON H
3148 NW 68TH STREET
FT. LAUDERDALE FL 33309-1206

7. Name and Address of New Registered Agent

Name **Kingsly A. Brown**
Street Address (P.O. Box Number is Not Acceptable)
3700 N.W. 8th St.
FT. LAUDERDALE, FL 33312
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 \$81.25**

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 PRESIDENT - D	<input type="checkbox"/> Delete
NAME Kingsly A. Brown	
STREET ADDRESS 3700 N.W. 8th St.	
CITY-ST-ZIP FT. LAUD., FL 33311	<input type="checkbox"/> Delete
TITLE M-D	<input type="checkbox"/> Delete
NAME Larry A. Williams	
STREET ADDRESS 3700 N.W. 8th St	
CITY-ST-ZIP FT. LAUD., FL 33311	<input type="checkbox"/> Delete
TITLE WM-D	<input type="checkbox"/> Delete
NAME William Allen	
STREET ADDRESS 3700 N.W. 8th St	
CITY-ST-ZIP FT. LAUD., FL 33311	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Kingsly A. Brown

CF2E037 (9/99)