

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90073 047 ***158.75

DOCUMENT # P01000093093

1. Entity Name
DOROTHY T. GAITOR RESOURCE CENTER INC.

Principal Place of Business
20810 NW 28TH COURT
OPA LOCKA FL 33056-1464

Mailing Address
20810 NW 28TH COURT
OPA LOCKA FL 33056-1464

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

37-1417532

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAITOR, DOROTHY R
20810 NW 28TH COURT
OPA LOCKA FL 33056-1464

7. Name and Address of New Registered Agent

Name **GAITOR DOROTHY T.**
Street Address (P.O. Box Number is Not Acceptable) **20810 N.W. 28 CT.**
City **OPA locka**
State **FL** **Zip Code** **33056-1464**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent Signature required when reinstating)

DATE **4/25/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **GAITOR, DOROTHY R**
STREET ADDRESS **20810 NW 28TH COURT**
CITY-ST-ZIP **OPA LOCKA FL 33056-1464**

TITLE ☐ **Delete**
NAME **f**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **GAITOR DOROTHY T.**
STREET ADDRESS **20810 N.W. 28 CT.**
CITY-ST-ZIP **OPA locka, FL 33056-1464**

TITLE **P** ☐ **Change** ☒ **Addition**
NAME **LEON BENBOW JR.**
STREET ADDRESS **2770 N.W. 151 TERR**
CITY-ST-ZIP **OPA locka FL 33054**

TITLE ☐ **Change** ☒ **Addition**
NAME **MALECOLM A. BUCKLEY**
STREET ADDRESS **15931 N.W. 18 PLACE**
CITY-ST-ZIP **OPA locka FL 33054**

TITLE ☐ **Change** ☒ **Addition**
NAME **RUFUS L. HOLCOMB III**
STREET ADDRESS **1420 N.W. 46 ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ **Change** ☒ **Addition**
NAME **S. CHAMARA F. GAITOR**
STREET ADDRESS **1351 N.W. 103 ST. #118**
CITY-ST-ZIP **MIAMI FL 33147**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 538 6536 / 305 606 3468

CR02034 (9/01)