

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**  
 05-19-2000 90030 037 \*\*\*150.00

**DOCUMENT# P93000081046**

1. Entity Name  
**COMMUNITY & ECONOMIC DEVELOPMENT ASSOCIATES, INC**

Principal Place of Business Mailing Address  
~~3021 N OAKLAND FOREST DRIVE~~  
~~SUITE 208~~  
~~OAKLAND PARK FL 33309~~  
 P.O. BOX 711  
 FT LAUDERDALE FL 33302-0711

2. Principal Place of Business 3. Mailing Address  
**3222 N.W 22ND AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**OAKLAND PARK, FL**  
 Zip Country Zip Country  
**33309 USA**

4. FEI Number **65-0451546** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KOLO, JERRY**  
**3021 N. OAKLAND FOREST DR.**  
**SUITE 208**  
**OAKLAND PARK FL 33309**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3222 N.W 22ND AVENUE**  
 City **OAKLAND PARK FL** Zip Code **33309**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	<b>D RUPERT, THODD</b>	<b>7853 NW 60TH LN.</b>			
		<b>PARKLAND FL 33076</b>			
	<b>D KOLO, JERRY</b>	<b>220 SE 2ND AVE</b>			
		<b>FT LAUDERDALE FL</b>			

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:** **4-28-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)