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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052267 (8)

1. Corporation Name

UNITED FOR POSITIVE ACTION OF DADE COUNTY, INC.

Principal Place of Business

1975 NORTH WEST 179TH STREET
MIAMI FL 33056

Mailing Address

1975 NORTH WEST 179TH STREET
MIAMI FL 33056-3830

2. Principal Place of Business

21 1975 NW 179 ST
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLORIDA

24 33056

25 DADE

2a. Mailing Address

26 1975 NW 179 ST
Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLORIDA

29 33056

30 DADE

3. Date Incorporated or Qualified

07/07/1995

3a. Date of Last Report

07/22/1996

4. FEI Number

65-0619549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

ROBINSON, EDWARD J
1975 NORTH WEST 179TH STREET
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name

EDWARD J. ROBINSON

82 Street Address (P.O. Box Number is Not Acceptable)

1975 NW 179 ST

83

84 City

MIAMI

FL

85 Zip Code

33056

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE EDWARD J. ROBINSON

Edward J. Robinson

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ROBINSON, EDWARD J
STREET ADDRESS 1975 NORTH WEST 179TH STREET
CITY- ST- ZIP MIAMI FL 33056

TITLE S ☒ DELETE
NAME WASHINGTON, LUCIUS E
STREET ADDRESS PO BOX 470908 N/A
CITY- ST- ZIP MIAMI FL 33247

TITLE TD ☐ DELETE
NAME GRANT, JAY B
STREET ADDRESS 18474 S.W. 87TH COURT
CITY- ST- ZIP MIAMI FL 33157

TITLE D ☐ DELETE
NAME WILLIAMS, SHEBERT
STREET ADDRESS 2663 SW 122 PLC.
CITY- ST- ZIP PRICTON FL 33032

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME S
2.3 STREET ADDRESS SHEBERT WILLIAMS
2.4 CITY- ST- ZIP 2663 SW 122 PLACE
PRINCETON, FL 33032

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EDWARD J. ROBINSON *Edward J. Robinson* 4/24/97 (305) 625-5803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0142839

CP2E034 (9/96)