

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90028 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000052267

1. Corporation Name
UNITED FOR POSITIVE ACTION OF DADE COUNTY, INC.



Principal Place of Business 1975 NORTH WEST 179TH STREET MIAMI FL 33056 US	Mailing Address 1975 NORTH WEST 179TH STREET MIAMI FL 33056 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1975 NW 179 St	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fla	City & State 28
Zip 24 33056	Country 25 Dade

3. Date Incorporated or Qualified 07/07/1995	Applied For Not Applicable
4. FEI Number 65-0619549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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** *Edward J. Robinson* **4/12/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, EDWARD J	
STREET ADDRESS	1975 NORTH WEST 179TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, SHEBERT	
STREET ADDRESS	2663 SW 122 PLACE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, JAY B	
STREET ADDRESS	18474 S.W. 87TH COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, SHEBERT	
STREET ADDRESS	2663 SW 122 PLC.	
CITY-ST-ZIP	PRICTON FL 33032	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Edward J. Robinson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1975 NW 179 St	
1.3 STREET ADDRESS	Miami, Fla 33056	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Edward J. Robinson* **Edward J. Robinson** **4/12/99** **305-625-5803**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)