

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052267

1. Entity Name

UNITED FOR POSITIVE ACTION OF DADE COUNTY, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90040 006 ***150.00

Principal Place of Business

1975 NW 179 ST
 MIAMI FL 33056
 US

Mailing Address

1975 NORTH WEST 179TH STREET
 MIAMI FL 33056-3830
 US

2. Principal Place of Business

1975 N. W. 179th St
 Suite, Apt. #, etc.

3. Mailing Address

1975 NW 179th St
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami, florida

City & State

miami, florida

4. FEI Number

65-0619549

Applied For

Not Applicable

Zip

Country

33056

Dade

Zip

Country

33056

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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

Edward J. Robinson Edward J. Robinson 4/25/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Edward J. Robinson Edward J. Robinson 4/25/00 305-625-5803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)