

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90143 032 ***150.00

DOCUMENT # P98000064511

1. Entity Name

COMMUNITY BOOK & DANCE CLUB, INC.

Principal Place of Business

Mailing Address

13250 NW 28TH AVE
 OPA LOCKA FL 33054

2620 HURON WAY
 MIRAMAR FL 33025-4210

2. Principal Place of Business

21350 N.W. 37th Ave.

3. Mailing Address

2620 HURON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miramar FL

4. FEI Number

65-0730081

☒ Applied For

☐ Not Applicable

Zip

33054

Country

America

Zip

33025

Country

America

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGYAPONG, LINDA
 2620 HURON WAY
 MIRAMAR FL 33025

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

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: ☐
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	OGUGUA, CHARLES	
STREET ADDRESS	13250 NW 28TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	M	<input type="checkbox"/> Delete
NAME	AGYAPONG, DR O.A	
STREET ADDRESS	2309 TUPELO TERR	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	M	<input type="checkbox"/> Delete
NAME	MALCOLM, ANGLEA	
STREET ADDRESS	13250 NW 28TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	AGYAPONG, LINDA	
STREET ADDRESS	2620 HURON WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AGYAPONG, AMA	
STREET ADDRESS	2620 HURON WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. Clarence Baker	
STREET ADDRESS	3055 N.W. 212 ST.	
CITY-ST-ZIP	MIAMI, FL. 33056	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS Beatrice Baker	
STREET ADDRESS	3055 N.W. 212 ST.	
CITY-ST-ZIP	MIAMI, FL. 33056	
TITLE	DR. Roselyn PASCAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5400 NW 10th Ave.	
STREET ADDRESS	Miami, FL. 33045	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)