

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90213 013 ***150.00

DOCUMENT # P98000064511

1. Entity Name
COMMUNITY BOOK & DANCE CLUB, INC.

976789



DO NOT WRITE IN THIS SPACE

Principal Place of Business
21350 NW 37TH AVE
MIAMI FL 33056

Mailing Address
2620 HURON WAY
MIRAMAR FL 33025

2. Principal Place of Business
18350 NW 67 AVE.
 Suite, Apt., etc.

3. Mailing Address
11350 SW 21 st.
 Suite, Apt., etc.

City & State
Miami, FL 33054
 Zip
33054
 Country
America

City & State
MIRAMAR, FL 33025
 Zip
33025
 Country
America

4. FEI Number **65-0730081**
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGYAPONG, LINDA
2620 HURON WAY
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name
AGYAPONG, LINDA
 Street Address (P.O. Box Number is Not Acceptable)
11320 S.W. 21 st.
 City
MIRAMAR **FL** Zip Code
33025

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 *Linda Agypong* (Linda AGYAPONG)
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

4-30-01
 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, 2001 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	M	<input checked="" type="checkbox"/> Delete
NAME	AGYAPONG, DR O.A	
STREET ADDRESS	2309 TUPELO TERR	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	M	<input checked="" 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	M	<input type="checkbox"/> Delete
NAME	BAKER, CLARENCE	
STREET ADDRESS	3055 NW 212 ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penny Ellison	
STREET ADDRESS	18350 N.W. 67th Ave.	
CITY-ST-ZIP	Miami, FL 33054	
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		
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: *Linda Agypong*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 **(954)392-8300**
 Date Daytime Phone #

CR2E034 (10/00)