

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90366 022 \*\*\*150.00

**DOCUMENT # P98000064511**

1. Entity Name

**COMMUNITY BOOK & DANCE CLUB, INC.**

Principal Place of Business

**18350 NW 67 AVE  
 MIAMI FL 33054  
 US**

Mailing Address

**11350 SW 21 ST.  
 MIRAMAR FL 33025  
 US**



2. Principal Place of Business

**16178 N.W. 27 Ave.**

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami, FL.**

City & State

4. FEI Number

**65-0730081**

Applied For

Not Applicable

Zip

**33054**

Country

**America**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AGYAPONG, LINDA  
 11320 SW 21 ST.  
 MIRAMAR FL 33025**

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 entry 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, 2002 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ELLISON, PENNY</b>	
STREET ADDRESS	<b>18350 NW 67TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>DCEO</b>	<input type="checkbox"/> Delete
NAME	<b>AGYAPONG, LINDA</b>	
STREET ADDRESS	<b>2620 HURON WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>AGYAPONG, AMA</b>	
STREET ADDRESS	<b>2620 HURON WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAKER, CLARENCE</b>	
STREET ADDRESS	<b>3055 NW 212 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/02 (954)  
 392-8300**

Daytime Phone #

CR2E034 (9/01)