

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0071555

DOCUMENT # N96000005442

1. Entity Name

**NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORAT
ION**

Principal Place of Business

Mailing Address

**24420 SOUTH DIXIE HWY
PRINCETON FL 33032
US**

**24420 SOUTH DIXIE HWY
PRINCETON FL 33032
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1533092

Applied For

Not Applicable

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

**MCKINNON, CHARLES
24420 SOUTH DIXIE HWY
PRINCETON FL 33032**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☐ Delete
NAME **HARRIS, SALLIE**
STREET ADDRESS **26620 SW 138TH AVE**
CITY-ST-ZIP **NARANJA FL 33032**

TITLE **D** ☐ Change ☐ Addition
NAME **Alfredo Alvarez** ☒ Delete
STREET ADDRESS **25520 sw 127th Avenue**
CITY-ST-ZIP **Princeton, FL 33032**

TITLE **V** ☐ Delete
NAME **MURRILLO, MARJORIE**
STREET ADDRESS **26620 SW 122TH PLACE**
CITY-ST-ZIP **MIAMI FL 33032**

TITLE **D** ☐ Change ☒ Addition
NAME **Linda Amica**
STREET ADDRESS **17334 sw 108th Court**
CITY-ST-ZIP **Naranja, FL 33170**

TITLE **ED** ☐ Delete
NAME **MCKINNON, CHARLES**
STREET ADDRESS **8600 SW 212TH ST, #304**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☐ Change ☒ Addition
NAME **Billy Cooper**
STREET ADDRESS **21930 SW124th Court**
CITY-ST-ZIP **Goulds, FL 33170**

TITLE **D** ☐ Delete
NAME **CLARIT, CRAIG**
STREET ADDRESS **13264 SW 255TH TERRACE**
CITY-ST-ZIP **NARANJA FL 33032**

TITLE **D** ☐ Change ☒ Addition
NAME **Noralea Givans**
STREET ADDRESS **12950 SW 267th Street**
CITY-ST-ZIP **Naranja, FL 33032**

TITLE **S** ☐ Delete
NAME **SMITH, DIANE**
STREET ADDRESS **26227 SW 139TH CT**
CITY-ST-ZIP **NARANJA FL 33032**

TITLE **D** ☐ Change ☐ Addition
NAME **Rene Infante** ☒ Delete
STREET ADDRESS **24420 S. Dixie Highway**
CITY-ST-ZIP **Princeton, FL 33032**

TITLE **T** ☐ Delete
NAME **MORROW, PAUL**
STREET ADDRESS **13495 SW 260TH STREET**
CITY-ST-ZIP **NARANJA FL 33032**

TITLE **D** ☐ Change ☒ Addition
NAME **O'Neal McGrew**
STREET ADDRESS **1684 NW 20th Street**
CITY-ST-ZIP **Homestead, FL 33030**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles McKinnon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 (305) 258-4800
Date Daytime Phone #

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Page 2 of 2
Attachment
DOC#N96000005442
754049

| | | | |
|---|---------|---|---------|
| DOCUMENT # N96000005442 | | | |
| 1. Entity Name NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORAT ION | | | |
| Principal Place of Business 24420 SOUTH DIXIE HWY PRINCETON FL 33032 US | | Mailing Address 24420 SOUTH DIXIE HWY PRINCETON FL 33032 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|--|--|
| 4. FEI Number 31-1533092 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent MCKINNON, CHARLES 24420 SOUTH DIXIE HWY PRINCETON FL 33032 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---------------------------------|--|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO HARRIS, SALLIE 26620 SW 138TH AVE NARANJA FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lavern Nieves 26621 SW 138th Court Naranja, FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MURRILLO, MARJORIE 26620 SW 122TH PLACE MIAMI FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Joseph Taylor 26515 SW 138th Avenue Naranja, FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED MCKINNON, CHARLES 8600 SW 212TH ST, #304 MIAMI FL 33189 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Thomas Vellanti Jr. 19720 SW 242nd Terrace Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARIT, CRAIG 13264 SW 255TH TERRACE NARANJA FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, DIANE 26227 SW 139TH CT NARANJA FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MORROW, PAUL 13495 SW 260TH STREET NARANJA FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *P. J. McKinnon Charles McKinnon* 3/20/02 (305)258-4800