

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90167 001 \*\*\*\*61.25  
 07-10-2000 90167 002 \*\*\*\*8.75

**DOCUMENT # F99000002365**

1. Entity Name

**MINORITY EDUCATION & SPORTS ADVANCEMENT, INC.**

*R*

Principal Place of Business

Mailing Address

173 SULLIVAN PLACE  
 BROOKLYN NY 11225

173 SULLIVAN PLACE  
 BROOKLYN NY 11225-2710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-3265161**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

Use of changing its registered office or registered agent, or both, in the state of Florida.

Signature

(NOTE: Registered Agent signature required when reinstating)

DATE

Election Campaign Financing Trust Fund Contribution

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

**Make Check Payable to Department of State**

8

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PCD KNIGHT, PAUL STREET ADDRESS 173 SULLIVAN PLACE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Delete	TITLE NAME KNIGHT, PAUL STREET ADDRESS 173 SULLIVAN PLACE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD KNIGHT, WANDA STREET ADDRESS 173 SULLIVAN PLACE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Delete	TITLE NAME KNIGHT, WANDA STREET ADDRESS 173 SULLIVAN PLACE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD BERNARD III, CHARLES STREET ADDRESS 758 REMSEN AVE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Delete	TITLE NAME BERNARD III, CHARLES STREET ADDRESS 758 REMSEN AVE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD DANZY, ROBIN STREET ADDRESS 860 PUTNAM AVE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Delete	TITLE NAME DANZY, ROBIN STREET ADDRESS 860 PUTNAM AVE CITY-ST-ZIP BROOKLYN NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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:** *PAUL KNIGHT* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *6/30/00* **Date** *6/30/00* **Daytime Phone #**

*This package was DELIVERED to ANOTHER PERSON House, I just receive it today (6/30/00) sorry for the delay.*