

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0038490

DOCUMENT # N94000006204

1. Entity Name

500 ROLE MODELS OF EXCELLENCE PROJECT, INC.

03-20-2001 90058 024 ****70.00

817776



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1450 N.E. 2ND AVE. STE. 227 MIAMI FL 33132 US	Mailing Address 1450 N.E. 2ND AVE. STE. 227 MIAMI FL 33132 US
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2. Principal Place of Business 1450 N.E. 2nd Avenue	3. Mailing Address 1450 N.E. 2nd Avenue
Suite, Apt. #, etc. Suite 227	Suite, Apt. #, etc. Suite 227
City & State Miami, FL	City & State Miami, FL

4. FEI Number 65-0575014	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip 33132	Country Dade	Zip 33132	Country Dade
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WILSON, FREDRICA S
1450 N.E. 2ND AVENUE
STE. 227
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name
Frederica S. Wilson

Street Address (P.O. Box Number is Not Acceptable)
1450 N.E. 2nd Avenue, Suite 227

City
Miami

State
FL

Zip Code
33132

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, FREDERICA S 1450 NE 2ND AVENUE, SUITE 226 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONCE, GEORGE D 14651 SW 94TH AVE MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWKINS, VINCENT 1450 N.E. 2ND AVE. SUITE 652 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, RAYMOND 2744 NW 47TH LANE LAUDERDALE LAKES FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRACHAN, RICHARD DR 8841 N.W. 14TH AVE. MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Frederica S. Wilson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-9-01

Daytime Phone # _____

CR2E037 (10/00)