

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90033 015 ****70.00

DOCUMENT # N94000006204

1. Entity Name

5000 ROLE MODELS OF EXCELLENCE PROJECT, INC.

Principal Place of Business

Mailing Address

**1450 N.E. 2ND AVE.
 SUITE 227
 MIAMI FL 33132
 US**

**1450 N.E. 2ND AVE.
 SUITE 227
 MIAMI FL 33132
 US**

2. Principal Place of Business

1450 N.E. 2nd Avenue

3. Mailing Address

1450 N.E. 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 227

Suite 227

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0575014

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

33132

Dade

Zip

Country

33132

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
 NAME **D WILSON, FREDERICA S**
 STREET ADDRESS **1450 NE 2ND AVENUE, SUITE 226**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KOONCE, GEORGE D**
 STREET ADDRESS **14651 SW 94TH AVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DAWKINS, VINCENT**
 STREET ADDRESS **1450 N.E. 2ND AVE. SUITE 652**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DUNN, RAYMOND**
 STREET ADDRESS **2744 NW 47TH LANE**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D STRACHAN, RICHARD DR**
 STREET ADDRESS **8841 N.W. 14TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Fredrica S. Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)