

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 024 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005161
1. Entity Name
UNITED CHILDRENS CHARITIES OF AMERICA INC

DO NOT WRITE IN THIS SPACE

870126

2. Principal Place of Business 16443 NE 33RD AVE Suite, Apt. #, etc.		3. Mailing Address 16443 NE 33RD AVE Suite, Apt. #, etc.	
City & State N. MIAMI BEACH, FL Zip 33160 Country USA		City & State N. MIAMI BEACH, FL Zip 33160 Country USA	
4. FEI Number 31-1791359		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DAVID MILLER**
Street Address (P.O. Box Number is Not Acceptable)
16443 NE 33RD AVE
City **N. MIAMI BEACH** FL Zip Code
33160

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

David Miller
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$81.25
Initial or Amended UBR

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	PRESIDENT DAVID MILLER 16443 NE 33RD AVE N. MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECRETARY/TREASURER ANNA KARPEL 16443 NE 33RD AVE N. MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-02

954 6052670

Date

Daytime Phone

CR2E037B (12/01)