

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/2/01  
Sr.

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90097 001 \*\*\*\*61.25

**DOCUMENT # N00000005648**

1. Entry Name

**NON-VIOLENCE PROJECT SOUTH FLORIDA, INC.**

Principal Place of Business

300 BISCAYNE BLVD WAY, STE 919  
MIAMI FL 33131

Mailing Address

**DUPONT PLAZA CENTER**  
300 BISCAYNE BLVD WAY STE 919  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-311224

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LANDSBERG, DIANE**  
300 BISCAYNE BLVD WAY, STE 919  
MIAMI FL 33131

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

*Diane Landsberg*

*Executive Director 4-27-01*

Signable, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribut on.

\$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ACETUNO, ROBERT</b>	
STREET ADDRESS	<b>ONE SE 3RD AVE, 1ST FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WARSHAW, DONALD</b>	
STREET ADDRESS	<b>444 SW 2ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAVEDOFF, STUART DR</b>	
STREET ADDRESS	<b>427 BILTMORE WAY, STE 202</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUTSTEIN, KATHRYN</b>	
STREET ADDRESS	<b>601 BRICKELL KEY, STE 901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHIPPLE, JEAN</b>	
STREET ADDRESS	<b>520 BRICKELL KET DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>John Lindsay</b>	<input type="checkbox"/> Delete
NAME	<b>393 JEGOVIA ST</b>	
STREET ADDRESS	<b>CORAL GABLES FL 33134</b>	
CITY-ST-ZIP		

TITLE	<b>CO-CHAIRMAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CO-CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3558 MAGELLAN CIRCLE</b>	
STREET ADDRESS	<b>AVENTURA, FL 33180</b>	
CITY-ST-ZIP		
TITLE	<b>DIANE LANDSBERG</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>300 BISCAYNE BLVD WAY</b>	
STREET ADDRESS	<b>MIAMI FL 33131</b>	
CITY-ST-ZIP		
TITLE	<b>EXECUTIVE BOARD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)(X), 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:

*Diane Landsberg*

4-27-01 305-358-6643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR20037 (10/00)