

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005648

FILED
Feb 18, 2003
Secretary of State

Entity Name: NON-VIOLENCE PROJECT SOUTH FLORIDA, INC.

Current Principal Place of Business:

300 BISCAYNE BLVD WAY, STE 919
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

300 BISCAYNE BLVD WAY, STE 919
MIAMI, FL 33131

New Mailing Address:

FEI Number: 13-3812224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ACETIUNO, ROBERT MR
Address: ONE SE 3RD AVE, 1ST FLOOR
City-St-Zip: MIAMI, FL 33131

Title: DT () Delete
Name: LLODRA, ALEBRT MR
Address: 7621 SW 59TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: DS () Delete
Name: STONE, MJ MRS
Address: 1016 TRAILMORE LANE
City-St-Zip: WESTON, FL 33326

Title: DD () Delete
Name: LINDSAY, JOHN MR
Address: 343 SEGORIA ST
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ACEITUNO

DP

02/18/2003

Electronic Signature of Signing Officer or Director

_____ Date