

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90120 003 \*\*\*\*70.00

**DOCUMENT # N01000009015**

1. Entity Name  
**SPECIAL CITY FOR SPECIAL PEOPLE, INC.**



**90009198**



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>175 FOUNTAINEBLEAU BLVD. 1 D 2 MIAMI FL 33172</b>	Mailing Address <b>175 FOUNTAINEBLEAU BLVD. 1 D 2 MIAMI FL 33172</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>80-0005358</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GONZALEZ, MARIA D  
175 FOUNTAINEBLEAU BLVD., SUITE 1D2  
MIAMI FL 33172**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, MARIA D</b>	
STREET ADDRESS	<b>175 FOUNTAINEBLEAU BLVD. ST 1D2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HENRIQUE, EDUARDO</b>	
STREET ADDRESS	<b>175 FOUNTAINEBLEAU BLVD. ST 1D2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, NELLY L</b>	
STREET ADDRESS	<b>175 FOUNTAINEBLEAU BLVD. ST 1D2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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)(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: MARIA D GONZALEZ 1/20/03 (305) 227-4877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)