

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90030 029 \*\*\*\*61.25

**DOCUMENT # N50201**

1. Entity Name

**SAFESPACE SHELTER OF DADE COUNTY, INC.**

*R*

**A0074201**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1435 NE 162 ST  
 7831 NE MIAMI CT  
 N MIAMI BCH FL 33162  
 US

Mailing Address

1435 NE 162 STR  
 NO MIAMI BCH FL 33162  
 US

2. Principal Place of Business

3. Mailing Address

*P.O. Box 380964*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*7831 NE MIAMI CT*

City & State

City & State

*Miami, FL*

*Miami FL*

4. FEI Number

*65-0353923*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Zip

*33138*

Country

*USA*

Zip

*33238*

Country

*USA*

6. Name and Address of Current Registered Agent

**MOSLEY DEAN F**  
**2800 BISCAYNE BLVD.**  
**STE. 800**  
**MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name *Deborah Trinka*  
 Street Address (P.O. Box Number is Not Acceptable) *7831 NE MIAMI COURT*  
 City *Miami* FL Zip Code *33138*

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

*Deborah A. Trinka*

*8/19/00*

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

(NOTE: Registered Agent signature required when reinstating)

DME

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 *BAKER, ELIZABETH*  
 STREET ADDRESS *615 GONDOLIERE*  
 CITY-ST-ZIP *CORAL GABLES FL 33146*

TITLE  Change  Addition  
 NAME *Trinka Deborah*  
 STREET ADDRESS *1745 NW 4th Avenue*  
 CITY-ST-ZIP *Boca Raton FL 33432*

TITLE  Delete  
 NAME *TRINKA, DEBORAH*  
 STREET ADDRESS *1745 NW 4TH AVE*  
 CITY-ST-ZIP *BOCA RATON FL 33432*

TITLE  Change  Addition  
 NAME *Legge, Lois*  
 STREET ADDRESS *7345 S.W. 133rd Terrace*  
 CITY-ST-ZIP *Miami FL 33156*

TITLE  Delete  
 NAME *ROTH, ROSLYN*  
 STREET ADDRESS *656 NE 195 ST*  
 CITY-ST-ZIP *N MIAMI BCH FL 33179*

TITLE  Change  Addition  
 NAME *Darden, Yvette*  
 STREET ADDRESS *North Miami Beach Police Department*  
 CITY-ST-ZIP *16901 NE 19th Avenue No Miami Beach FL 33161*

TITLE  Delete  
 NAME *LEGGIE, LOIS*  
 STREET ADDRESS *7345 SW 133 TERR*  
 CITY-ST-ZIP *MIAMI FL 33156*

TITLE  Change  Addition  
 NAME *Hubbard, Jane*  
 STREET ADDRESS *PO Box 821805-1805*  
 CITY-ST-ZIP *South Florida, FL 33092*

TITLE  Delete  
 NAME *RUDOLPH, PEGGY*  
 STREET ADDRESS *321 NE 112 ST*  
 CITY-ST-ZIP *MIAMI FL 33161*

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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:

*Deborah A. Trinka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/19/00*

Date

Daytime Phone #