

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90067 006 \*\*\*\*61.25

**DOCUMENT # N50201**

1. Entity Name

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

Principal Place of Business

Mailing Address

7831 NE MIAMI CTG  
 MIAMI FL 33138  
 US

P O BOX 380964  
 MIAMI FL 33238  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0353923

Applied For

Not Applicable

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

LEGGE, LORI  
 7831 NE MIAMI COURT  
 MIAMI FL 33138

Name

Peggy Rudolph

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

*Peggy Rudolph*

2/13/02

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HESTER, NANCY	
STREET ADDRESS	317 FLUVIA AV	
CITY-ST-ZIP	CORAL GABLES FL 33132	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TRINKA, DEBORAH	
STREET ADDRESS	1745 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUBBARD, JANE	
STREET ADDRESS	P O BOX 821805-1805	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEGGE, LOIS	
STREET ADDRESS	7345 SW 133 TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUDOLPH, PEGGY	
STREET ADDRESS	321 NE 112 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DARDEN, YVETTE	
STREET ADDRESS	16901 NE 19TH AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33161	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grae-Gruboski, Karen	
STREET ADDRESS	P O BOX 33112	
CITY-ST-ZIP	Coconut Grove FL 33233	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudolph, Peggy	
STREET ADDRESS	321 NE 112 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darden Yvette	
STREET ADDRESS	16901 NE 19th Ave	
CITY-ST-ZIP	No Miami Beach FL 33161	

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:

SIGNATURE

*Peggy Rudolph* 2/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)