

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90011 047 ****61.25

DOCUMENT # N97000002437

1. Entity Name

DOMESTIC VIOLENCE INTERVENTIONS OF FLORIDA, INC.



Principal Place of Business

**18051 SW 11TH CT
PEMBROKE PINES FL 33029**

Mailing Address

**18051 SW 11TH CT
PEMBROKE PINES FL 33029**

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 **65-0773247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEARR, CRAIG R
TWO DATRAN CENTER-SUITE 1609
9130 S. DADELAND BLVD.
MIAMI FL 33156**

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 **PD** ☐ Delete
NAME **HUSSEIN, MOHAMED M**
STREET ADDRESS **18051 S.W. 11TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete
NAME **HOMER, VERN ILENE**
STREET ADDRESS **4020 DANFORD ROAD, #106**
CITY-ST-ZIP **ATLANTA GA 30331**

TITLE **SD** ☐ Delete
NAME **SMITH, JAMES**
STREET ADDRESS **210 SEAMAN AVENUE**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **D** ☐ Delete
NAME **ARNOLD, ERIK MICHAEL**
STREET ADDRESS **18051 SE 11TH CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **Executive Director/CEO** ☐ Delete
NAME **Therese Homer**
STREET ADDRESS **18051 SW 11th Ct.**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Homer, Vernalene**
STREET ADDRESS **(spelling)**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

4-25-03 954.538.9821

CR2E037 (10/02)