

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005927

1. Entity Name

TEACHING RESPONSIBILITY TO INNERCITY-KIDS, INC.



Principal Place of Business

Mailing Address

3900 NW 179TH STREET
MIAMI FL 33055

3900 NW 179TH STREET
MIAMI FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, OTIS
3900 NW 179TH STREET
MIAMI FL 33055

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.

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
After September 12, 2001, 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 D
NAME ROBINSON, TONY
STREET ADDRESS 5080 NW 195 TR
CITY-ST-ZIP MIAMI FL 33055 ☒ Delete

TITLE T
NAME Larry Greene
STREET ADDRESS 4120 N.W. 179th
CITY-ST-ZIP Miami, Fla. 33255 ☐ Change ☒ Addition

TITLE T
NAME ROBINSON, RAYNA
STREET ADDRESS 1205 NW 155 LANE - APT. 207
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

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

TITLE T
NAME RODRIGUEZ, RORY RORY
STREET ADDRESS 18730 NW 27 AVE APT 107
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE D
NAME Rodriguez, Rory
STREET ADDRESS 18730 N.W. 27 AVE APT. 107
CITY-ST-ZIP Miami, Fla. 33056 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Otis Green
STREET ADDRESS 3900 N.W. 179th
CITY-ST-ZIP Miami, Fla. 33255 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(f), 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

9-5-2001

8-8-2001 (305) 621-8841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 12, 2001 8:00 am
Secretary of State

08-13-2001 90006 007 ****61.25

00010104



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)