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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707465

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF GREATER MIAMI, INC.

Principal Place of Business

**100 ALMERIA
SUITE 310
CORAL GABLES FL 33134**

Mailing Address

**100 ALMERIA
SUITE 310
CORAL GABLES FL 33134**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24 Zip **25** Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

06/19/1964

4. FEI Number

59-6166904

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MUNIZ, LYDIA I.
100 ALMERIA
SUITE 310
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lydia Muniz*
Signature, typed or printed name of registered agent and title if applicable.

4/29/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D JOHN E TOBER**
STREET ADDRESS **1401 BRICKELL AVE #340**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ DELETE
NAME **T. JULIA ROCAWICH**
STREET ADDRESS **8325 SW 151ST ST**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☒ DELETE
NAME **PE PRINZING, DANIEL G**
STREET ADDRESS **650 JEFFERSON AVE #4**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE ☐ DELETE
NAME **D SAUNDERSON, WILLIAM M**
STREET ADDRESS **701 BRICKELL AVE., #1500**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME **D BRYAN, GLYNIS A**
STREET ADDRESS **3080 KIRK ST.**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☒ DELETE
NAME **P GOLDIN, STEVE**
STREET ADDRESS **9500 S. DADELAND BLVD., #600**
CITY-ST-ZIP **MIAMI FL 33156**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **T Raul Valdes-Fauli**
2.3 STREET ADDRESS **555 N.E. 34th St. # 2004**
2.4 CITY-ST-ZIP **Miami, Fl. 33137**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D Goldin, Steve**
3.3 STREET ADDRESS **9500 S. Dadeland Blvd. # 600**
3.4 CITY-ST-ZIP **Miami, Fl. 33156**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **P Prinzing, Daniel G**
6.3 STREET ADDRESS **1280 S. Alhambra Circle # 1227**
6.4 CITY-ST-ZIP **Coral Gables, Fl. 33146**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lydia Muniz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

305-441-9354

Daytime Phone #

CR2E037 (11/98)