

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08179

1. Entity Name

MIAMI COALITION FOR THE HOMELESS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90225 044 ****61.25

Principal Place of Business

Mailing Address

~~2597 TRAPP AVE~~
MIAMI FL 33133
US

~~2597 TRAPP AVE~~
MIAMI FL 33133
US

2. Principal Place of Business

3916 Irvington Avenue
Suite, Apt. #, etc.

3. Mailing Address

3916 Irvington Avenue
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2521237

Applied For

Not Applicable

Zip

Country

Zip

Country

33133-6110

33133-6110

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

GRASSIE, YVONNE G
~~2597 TRAPP AVE~~
MIAMI FL 33133

Name

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

3916 Irvington Avenue

City

FL

Zip Code

33133-6110

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DANIELS, LOREN
3830 N.W. 32ND AVENUE
MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Daniel, Loren
920 N.W. 7th Avenue
Ft. Lauderdale 33311 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GOLIK, OLGA
701 LINCOLN ROAD
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3620 N.W. 1st Avenue
Miami 33127 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RICHARDSON, JEREMIAH
2794 S W 32ND AVENUE
MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRASSIE, YVONNE
~~2597 TRAPP AVENUE~~
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3916 Irvington Avenue
33133-6110 ☒ 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)(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~~ Yvonne G. Grassie, Director 1/15/01 305/461-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)