

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002031

1. Entity Name

THE CENTER FOR POSITIVE CONNECTIONS, INC.

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90174 005 \*\*\*\*61.25

Principal Place of Business

12570 N.E. 7TH AVE  
#104  
NORTH MIAMI FL 33161  
US

Mailing Address

12570 N.E. 7TH AVE  
#104  
NORTH MIAMI FL 33161  
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

65-0669709

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

KAPLAN, SHERI  
12570 N.E. 7TH AVE  
#104  
NORTH MIAMI FL 33161

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

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 VP  
NAME PHILIPS, ARNETTA E  
STREET ADDRESS 1201 N.W. 16TH STREET (D-610C)  
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

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

TITLE S  
NAME SIMON, LINDA MA  
STREET ADDRESS 2225 N. UNIVERSITY DRIVE  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☒ Delete

TITLE S Janet Baez  
NAME 2418 Pierce St  
STREET ADDRESS Hollywood FL 33020  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE S  
NAME BECK, VIVIAN  
STREET ADDRESS 6183 MIAMI LAKES DR. EAST  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE T  
NAME BECK, VIVIAN  
STREET ADDRESS 6183 MIAMI LAKES DR. EAST  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Change ☐ Addition

TITLE D  
NAME KAPLAN, ELLEN  
STREET ADDRESS 500 N.W. S. RIVER DR.  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

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

TITLE D  
NAME IVEY-JONES, STANDRA  
STREET ADDRESS 1500 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33062 ☒ Delete

TITLE D  
NAME CHRISTINE STROM-MARTIN  
STREET ADDRESS 20363 NW 39 COURT  
CITY-ST-ZIP CAROL CITY, FL 33055 ☐ Change ☒ Addition

TITLE D  
NAME SALVER, ISSAC  
STREET ADDRESS 1150 KANE CONCOURSE, SUITE 400  
CITY-ST-ZIP BAY HARBOR FL 33154 ☐ Delete

TITLE  
NAME ISSAC SALVER  
STREET ADDRESS 1111 Kane Concourse suite 211  
CITY-ST-ZIP BAY Harbor Islands, FL 33154 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)