

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90032 002 ****61.25

DOCUMENT # N95000005715

1. Entity Name

SAMARITAN CENTER OF MIAMI, INC.

Principal Place of Business

Mailing Address

**C/O ST. SIMON'S EPISCOPAL CHURCH
 10950 SW 34TH ST.
 MIAMI FL**

**10950 SW 34 ST
 MIAMI FL 33165
 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

65-0637214

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

**CORBISHLEY, DEBORAH S
 1100 MIAMI CENTER
 201 S. BISCAYNE BLVD.
 MIAMI FL 33131-4327**

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 **D** ☐ Delete
 NAME **BRUMBAUGH, CAROLINE**
 STREET ADDRESS **9050 SW 52 AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **DGwen Wagner**
 STREET ADDRESS **5600 SW 93 Street**
 CITY-ST-ZIP **Miami, FL 33156-2112**

TITLE **DP** ☐ Delete
 NAME **CLARK, MARION**
 STREET ADDRESS **8601 CARIBBEAN BOULEVARD**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **The Rev. Andy Taylor**
 STREET ADDRESS **2598 Takisa Drive**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **D** ☒ Delete
 NAME **BUSTO, MERCEDES**
 STREET ADDRESS **370 MINOREA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☒ Addition
 NAME **Sergio Fernandez**
 STREET ADDRESS **5722 SW 31 St.**
 CITY-ST-ZIP **Miami, FL 33155**

TITLE **D** ☐ Delete
 NAME **KATON, JOANNE REV**
 STREET ADDRESS **14260 OLD CUTTER RD**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☒ Addition
 NAME **D Pam Jones**
 STREET ADDRESS **8261 SW 162 St**
 CITY-ST-ZIP **Miami, FL 33157**

TITLE **D** ☐ Delete
 NAME **PEDROREDONDO, JOSE**
 STREET ADDRESS **1150 NW 72 AVENUE SUITE 450**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☒ Delete
 NAME **SANKOWS, ROSA**
 STREET ADDRESS **4160 SW 99 AVE NW**
 CITY-ST-ZIP **MIAMI FL**

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: *Rosa Sankows* **Adm. Director**

4/30/01 305/971-6219

CR2E037 (10/00)