

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90052 033 ****61.25

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DOCUMENT # **N01000005610**

1. Entity Name

Connection Parent Organization, Inc.



Principal Place of Business

**C/O JACOBOS AND GARNEY, CPA'S
6401 SW 87 AVE, SUITE 204
MIAMI FL 33173**

Mailing Address

**C/O JACOBOS AND GARNEY, CPA'S
6401 SW 87 AVE, SUITE 204
MIAMI FL 33173**

2. Principal Place of Business

**200 So. Biscayne Blvd
Suite, Apt. #, etc.
2800**

3. Mailing Address

**200 So. Biscayne Blvd
Suite, Apt. #, etc.
2800**

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-1115720**

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RODRIGUEZ, DEBORAH
C/O JACOBOS AND CARNEY, CPA'S
6401 SW 87 AVE, SUITE 204
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **Laurel M. Esicoff**
Street Address (P.O. Box Number is Not Acceptable)
**Louise Mopun / Throckmorton, P.A.
200 So. Biscayne Blvd # 2800**
City **Miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laurel M. Esicoff*

(NOTE: Registered Agent signature required when reinstating)

DATE **Aug. 17, 2003**

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUSTERMAN, HOWARD 14521 SW 67 AVE MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURET, MARISA 14610 SW 99 AVE MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, ROSEMARY 9347 JAMAICA DR MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, DEOBROAH 7320 SW 123 TERR MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Renee Collette 25011 SW 122 Ct. Princeton FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sherry Sheary 11721 SW 100 AVE Miami FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Laurel Esicoff <i>Marcy Lopez</i> 3100 SW 79 Ave. Miami FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Laurel Esicoff 200 So Biscayne Blvd # 2800 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Laurel M. Esicoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **Aug. 17, 2003 305 372 1800**

CR2E037 (4/03)