

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

DOCUMENT # NO1000005610

1. Entity Name

Connection Parent Organization, Inc.



Principal Place of Business

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

Mailing Address

C/O JACOB 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

Zip
33131

Country
USA

Zip
33131

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1115720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DEBORAH
C/O JACOB AND GARNEY, 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 Hopin / Throckmorton, P.A.
200 So. Biscayne Blvd #2800
City *Miami* FL Zip Code *33131*

I, 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*
Signature, typed or printed name of registered agent and title, if applicable.

(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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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