

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702487

1. Entity Name

CORAL GABLES PEOPLE TO PEOPLE PROGRAM, INC.

Principal Place of Business

1317 ASTURA AVENUE
CORAL GABLES FL 33134

Mailing Address

1317 ASTURA AVENUE
CORAL GABLES FL 33134-4737

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THOMSON, JOHN M
370 MINORCA AVENUE
SUITE ONE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Robert L. Ferreira

Robert L. Ferreira

1/15/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRIERA, BOB	
STREET ADDRESS	1317 ASTURIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNEDIGAR, JIM	
STREET ADDRESS	391 ARAGON AVE., STE. 208	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRISTOL, ELLAN	
STREET ADDRESS	20 ISLAND AVE., APT. 1217	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STATON-REINSTEIN, REBECCA	
STREET ADDRESS	20533 BISCAYNE BLVD., STE. 4-368	
CITY-ST-ZIP	AVENTURA FL 33180	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHARLES H. TERRY, JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3223 RIVIERA DRIVE	
STREET ADDRESS	CORAL GABLES, FL 33134-6479	
CITY-ST-ZIP		
TITLE	L. MARGARET FERREIRA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3663 AVOCADO AVE	
STREET ADDRESS	COCONUT CREEK, FL 33133	
CITY-ST-ZIP		
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 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

Robert L. Ferreira

Date

Daytime Phone #

305-442-0390

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90009 041 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6158815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required