

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

FILED

ATX1

DOCUMENT # 702487

03 DEC 10 PM 3:20

1. Entity Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORAL GABLES PEOPLE TO PEOPLE PROGRAM, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-07

500025388385

12/10/03--01034--029 **297.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3663 AVOCADO AVENUE

3. Mailing Address
3663 AVOCADO AVENUE

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State
COCONUT GROVE, FL

City & State
COCONUT GROVE, FL

4. FEI Number
59-6158815

Applied For
Not Applicable

Zip
33134-4737

Country
DADE

Zip
33134-4737

Country
DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
THOMSON, JOHN M. ✓

Street Address (P.O. Box Number is Not Acceptable)

370 MINORCA AVENUE, SUITE ONE

City
CORAL GABLES

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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

John M. Thomson

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12/8/03

DATE

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA, ROBERT 3663 AVOCADO AVENUE COCONUT GROVE, FL 33134-4734	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEDIGAR, JAMES 391 ARAGON AVE., STE. 208 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, CHARLES H., JR. 3223 RIVIERA DRIVE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA, MARGARET L. 3663 AVOCADO AVENUE COCONUT GROVE, FL 33134-4734	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with all other like empowered.

SIGNATURE:

Robert Ferreira

ROBERT FERREIRA

12-8-03

305 2849969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2378 (12/01)