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

FILED

02 NOV 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/05/02--01003--013 **70.00

DOCUMENT # 704408

1. Entity Name

The Bertha Abess Children's Center, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
1056 17 Street
Suite, Apt. #, etc.
City & State
Miami Beach, FL
Zip 33129 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-0976373
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GERALD W MOORE
Street Address (P.O. Box Number is Not Acceptable)
333 NE 23d St.
City
Miami FL Zip Code 33137

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

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	VD
NAME	Cuevas, Gilberto D
STREET ADDRESS	5801 Biscayne Boulevard
CITY-ST-ZIP	Miami, FL 33137
TITLE	PD
NAME	Moore, Robert
STREET ADDRESS	5801 Biscayne Boulevard
CITY-ST-ZIP	Miami, FL 33137
TITLE	T
NAME	Moore, Gerald
STREET ADDRESS	5801 Biscayne Boulevard
CITY-ST-ZIP	Miami, FL 33137
TITLE	D
NAME	Jaeger, Carolyn T.
STREET ADDRESS	5801 Biscayne Boulevard
CITY-ST-ZIP	
TITLE	SD
NAME	Ludwig, Sidney
STREET ADDRESS	5801 Biscayne Boulevard
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

CR2E037B (12/01)

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 an address, with all other like empowered.

SIGNATURE: Supervisor of Financial + Personnel Services 9/27/02 305 673-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/29/02

Bertha Abess Children's Center, Inc.

Miami, Florida 33137 / Administrative Program Office (305) 756-7116 / FAX (305) 756-9335
Business Office (305) 673-1200 / FAX (305) 673-8008
Carolyn Jenkins-Jaeger, Executive Director

1/02
Enclosed is check for the
orrect amount of $70.00,
Please return our check
#12245 for $150.00.
Thank You.

September 30, 2002

Department of State
Division of Corporatio
409 East Gaines Street
Tallahassee, Florida 32

Re: Document #704408

To Whom It May Concern:

The Bertha Abess Children'
Corporation Uniform Busine
id not receive the 2002 Not-For-Profit

Enclosed please find our 20(
office
ck for $150.00, as per phone quote form your

Thank you for your attention

Sincerely,

Virginia M. Gomez
Supervisor of Financial and
s