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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708383

1. Corporation Name
UNITY ON THE BAY, INC.

Principal Place of Business	Mailing Address
411 NORTHEAST 21ST STREET MIAMI FL 33137	411 NORTHEAST 21ST STREET MIAMI FL 33137

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 01/29/1965

4. FEI Number: 59-0816468 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRAPP, JAMES E
411 NE 21ST STREET
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TR	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	ACOSTA, GEORGE		1.2 NAME	Jim VINCENT	
STREET ADDRESS	10601 SW 96TH ST		1.3 STREET ADDRESS	14931 NE 9th AVE.	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami, FL 33161	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BERG, JILL		2.2 NAME		
STREET ADDRESS	5600 COLLINS AVE #4P		2.3 STREET ADDRESS	13529 NW 5th Ct.	
CITY-ST-ZIP	MIAMI FL 33140		2.4 CITY-ST-ZIP	Plantation, FL 33325	
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIPP, WILLIAM		3.2 NAME		
STREET ADDRESS	780 NE 69TH ST #2007		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		3.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, PETER		4.2 NAME		
STREET ADDRESS	20 ISLAND AVE #1507		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MARENO, MARTHA		5.2 NAME		
STREET ADDRESS	1520 VALENCIA AVE		5.3 STREET ADDRESS	4901 SW 62nd ave.	
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	TR	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	KLEIN, CHRISTINA		6.2 NAME		
STREET ADDRESS	331 NW 145TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33168		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Peter Simmons 4/8/99 305-535-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)