

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90093 001 ****61.25

DOCUMENT # 708383

1. Entity Name

UNITY ON THE BAY, INC.

Principal Place of Business

**411 NORTHEAST 21ST STREET
 MIAMI FL 33137**

Mailing Address

**411 NORTHEAST 21ST STREET
 MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0816468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **T VINCENT, JIM**
 STREET ADDRESS **14931 NE 9TH AVE**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V VIMAND, HELEN**
 STREET ADDRESS **8282 NE 2ND CT**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S SMITH, PHIL**
 STREET ADDRESS **1865 KENNDY CSWY # 27**
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **TR PEPPER, LEON**
 STREET ADDRESS **453 NE 76 ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☒ Change ☐ Addition
 NAME **TR JAY VANCE**
 STREET ADDRESS **4772 NW 114TH AVE # 202**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
 NAME **TR MONTENEGRO, FABIAN**
 STREET ADDRESS **15940 SW 76TH ST**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **P KLEIN, CHRISTINA**
 STREET ADDRESS **331 NW 145TH ST**
 CITY-ST-ZIP **N MIAMI FL 33168**

TITLE ☒ Change ☐ Addition
 NAME **P ROBERT LANCAN**
 STREET ADDRESS **3400 PAN AMERICAN DR PIER 7 FL 45**
 CITY-ST-ZIP **MIAMI, FL 33133**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305-573-9191
 Date Daytime Phone #

CR2E037 (9/01)