

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90031 025 ****61.25

DOCUMENT # 128984

1. Entity Name **B.O.L.D. Inc.**
(Broader Opportunities for the Learning Disabled)

Principal Place of Business **9200 Bay Harbor Terr. 5c Bay Harbor, FL 33154**
Mailing Address **P.O. Box 54-6407 Surfside, FL 33154**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-7410703** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Pred, Stanley M.
13899 Biscayne Blvd.
Miami, FL 33161

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

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 ☐ \$5.00 May Be Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Carmen Corpion	
STREET ADDRESS	2231 SW 83rd Ave	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Gladys Figueroa	
STREET ADDRESS	111 Kane Concourse	
CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE	Ex. Director	<input type="checkbox"/> Delete
NAME	Evelyn Schmitt	
STREET ADDRESS	9200 Bay Harbor Terr-5c	
CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Naomi Sukman	
STREET ADDRESS	1080-98th St #14	
CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Patricia Phudhomme	
STREET ADDRESS	598 W 45th Place	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alzeta Wilson	
STREET ADDRESS	4750 N.W. 8th Ave	
CITY-ST-ZIP	Miami, FL 33127	
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		
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: **Evelyn U. Schmitt** **Apr. 17/01** **905-866-3262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)