

2001 UNIFORM BUSINESS\$ REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90016 003 ****70.00

DOCUMENT # 731893

1. Entity Name

PLANNED PARENTHOOD OF GREATER MIAMI AND THE FLOR

Principal Place of Business 1699 S.W. 27 AVENUE SECOND FLOOR MIAMI FL 33145	Mailing Address 1699 S.W. 27 AVENUE SECOND FLOOR MIAMI FL 33145
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1642041	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Sampieri, Joan MARTIN-LAVIELLE, ANA 2900 BRIDGEPORT AVE #320 COCONUT GROVE FL 33133 <i>Address change only</i> <i>1699 SW 27 AVENUE</i> <i>Second floor</i> <i>MIAMI, FLORIDA 33145</i>	7. Name and Address of New Registered Agent Name <i>Sampieri, D. Joan</i> Street Address (P.O. Box Number is Not Acceptable) <i>1699 SW 27 AVENUE</i> <i>2nd floor</i> City <i>MIAMI</i> FL Zip Code <i>33145</i>
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	<i>D. Joan Sampieri</i> President/CEO 2/7/01 NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete C SEABROOK, BRUCE 3564 ST GAUDENS ROAD COCONUT GROVE FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DT NAPIER, LISA 200 S BISCAYNE BLVD #400 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/T NANCY PASTORFF 10300 SUNSET DRIVE MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD O'CONNELL, BEATRICE 602 MALAGA CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D COHEN, VICTORIA 1 GROVE ISLE DR, 1205 COCONUT GROVE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/C-Elect. SALLY WIENER W. TUCKER GIBBS 950 BAYMAN 3835 UTOPIA COURT COCONUT GROVE, FLORIDA 33146 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D SHEHAN, JEAN D 7800 RED RD 224 S MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVC/LS CHRISTYNO HAYES 4150 HARDIE AVENUE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DVC HARPER, PAIGE A 1688 WEST AVE #703 MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/C

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>2/7/01</i> Date	Daytime Phone #
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CR2E037 (10/00)