

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731893

1. Entity Name

PLANNED PARENTHOOD OF GREATER MIAMI AND THE FLORIDA KEYS, INC.

Principal Place of Business

Mailing Address

1699 S.W. 27 AVENUE  
SECOND FLOOR  
MIAMI FL 33145

1699 S.W. 27 AVENUE  
SECOND FLOOR  
MIAMI FL 33145

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

59-1642041

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

SAMPIERI, JOAN D  
1699 SW 27 AVENUE  
2ND FLOOR  
MIAMI FL 33145

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	D	<input type="checkbox"/> Delete
NAME	SEABROOK, BRUCE	
STREET ADDRESS	3584 ST GAUDENS ROAD	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PASTROFF, NANCY	
STREET ADDRESS	10300 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, BEATRICE	
STREET ADDRESS	802 MALAGA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GIBBS, TUCKER W	
STREET ADDRESS	3835 UTOPIA COURT	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DVGS	<input checked="" type="checkbox"/> Delete
NAME	HAYES, CHRISTYNO	
STREET ADDRESS	4150 HARDIE AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HARPER, PAIGE A	
STREET ADDRESS	1688 WEST AVE #703	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1699 S.W. 27 Avenue	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1699 SW 27 Avenue	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1699 S.W. 27 Avenue	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1699 SW 27 Avenue	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VICE CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE THOMSON QUINTERO	
STREET ADDRESS	1699 S.W. 27 Avenue	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH P. JOHNSON	
STREET ADDRESS	1699 SW 27 Avenue	
CITY-ST-ZIP	MIAMI FL 33145	

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:

*W. Seabrook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

(305) 285 6532

Daytime Phone #

FILED  
Mar 12, 2002 8:00 am  
Secretary of State

03-12-2002 90276 050 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)