

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91300 042 ****61.25

DOCUMENT # 735797

1. Entity Name

Parents Without Partners
Summit Chapter 835, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12256 SW 128 ST. P.O. Box 161386

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2064320

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33116-1386

Country

USA

5. Certificate of Status Desired

☐

\$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Tom Davis

Street Address (P.O. Box Number is Not Acceptable)

12256 SW 128 ST.

City

Miami

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

X

Signature, typed or printed name of registered agent and title if applicable.

Tom Davis, Treasurer X

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Robin Rosenstein
STREET ADDRESS 12256 SW 128 ST.
CITY-ST-ZIP Miami FL 33186

TITLE VD
NAME Carmen Murphy
STREET ADDRESS 12256 SW 128 ST.
CITY-ST-ZIP Miami FL 33186

TITLE SD
NAME Marilyn Maturo
STREET ADDRESS 12256 SW 128 ST.
CITY-ST-ZIP Miami FL 33186

TITLE TD
NAME Tom Davis
STREET ADDRESS 12256 SW 128 ST.
CITY-ST-ZIP Miami FL 33186

TITLE VD
NAME Beverly Hasty
STREET ADDRESS 12256 SW 128 ST.
CITY-ST-ZIP Miami FL 33186

TITLE VD
NAME Irene Reyes
STREET ADDRESS 12256 SW 128 ST.
CITY-ST-ZIP Miami FL 33186

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

X Tom Davis X

(305) 279-0544

CR2E037B (12/02)