

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751295

1. Entity Name

NEW DIRECTIONS EMPLOYMENT AND TRAINING SERVICES,

Principal Place of Business

5555 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

5555 BISCAYNE BLVD.
MIAMI FL 33137-2656

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1989833

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRA, GABRIEL
3270 JAVA PLUM AVE
SUITE 103
MIRAMAR FL 33025

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME UPRIGHT, MICHAEL
STREET ADDRESS 110 ZAMORA AVENUE
CITY-ST-ZIP CORAL GABLES FL

TITLE V ☐ Delete
NAME CROSLIN, BEVERLY
STREET ADDRESS 99 NW 183 ST #220
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Delete
NAME WARHAFT, JANET
STREET ADDRESS 11826 SW 104TH LANE
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ Delete
NAME PARRA, GABRIEL
STREET ADDRESS 3270 JAVA PLUM AVE
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: GABRIEL PARRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000

(305) 7598500

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE