

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90044 010 ****61.25

DOCUMENT # N00000003925

1. Entity Name
ALLIANCE FOR HUMAN SERVICES, INC.



Principal Place of Business
**3250 SW 3RD AVENUE
5TH FLOOR
MIAMI, FL 33129 US**

Mailing Address
**3250 SW 3RD AVENUE
5TH FLOOR
MIAMI, FL 33129 US**

54009941



02122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
3250 SW Third Avenue

3. Mailing Address
3250 SW Third Avenue

Suite, Apt. #, etc.
6th Floor

Suite, Apt. #, etc.
6th Floor

City & State
Miami, FL

City & State
Miami, FL

Zip
33129

Country
US

Zip
33129

Country
US

4. FEI Number
65-1018081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOUGLAS, ALEXANDRIA
6645 SW 76 TERRACE
SOUTH MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name
Douglas-Bartolone, Alexandria

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

City
Boynton Beach

FL Zip Code
33426

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

Alexandria Douglas Bartolone

(NOTE: Registered Agent signature required when reinstating)

2/18/2004

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
GARCIA-VELEZ, CALIXTO PRES
8750 DORAL BLVD.
MIAMI, FL 33178** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
HOOD, CHARLES SEC/TRE
3250 SW 3RD AVENUE
MIAMI, FL 33129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEVINE, DANIELLA
260 NE 17 TERRACE, #200
MIAMI, FL 33132** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEISBERG, STEVEN
9500 S. DADELAND BLVD, #400
MIAMI, FL 33156** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARRETT, BARBARA
5980 MIAMI LAKES DRIVE
MIAMI, FL 33014** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Officer
Shack, Ruth President
200 South Biscayne Boulevard, Suite 505
Miami, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Officer
Hood, Charles Vice-President
461 NW 2 Avenue, Room N-1007
Miami, FL 33128** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Officer
Raymond, David Secretary/Treasurer
111 NW 1 Street, 27th Floor
Miami, FL 33128** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Officer
Dominguez, Maria Advisory Chair
16400 NW 32 Avenue
Miami, FL 33654** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Officer
Carter, Hodding President-Elect
200 South Biscayne Boulevard, Suite 3366
Miami, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Officer
Garcia-Velez, Calixto Past-President
8750 Doral Boulevard, 7th Floor
Miami, FL 33178** ☐ Change ☒ Addition

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

Alexandria Douglas Bartolone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2004

DATE

Daytime Phone

305-644-2138