

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004545

1. Entity Name

MAKING FAMILIES FOUNDATION, INC.

Principal Place of Business

111 S. GLEN AVENUE
TAMPA FL 33609

Mailing Address

111 S. GLEN AVENUE
TAMPA FL 33609

2. Principal Place of Business

502 S. Fremont Ave

Suite, Apt. #, etc.

402

City & State

Tampa FL

3. Mailing Address

502 S. Fremont Ave

Suite, Apt. #, etc.

402

City & State

Tampa FL

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

6. Name and Address of Current Registered Agent

BENITEZ, CHERYL A
111 S. GLEN AVENUE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

502 S. Fremont Ave

Number 402

City

Tampa

FL

Zip Code

33606

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

Cheryl A Benitez

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

(NOTE: Registered Agent signature required when reinstating)

4/15/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, CHERYL A 111 S. GLEN AVENUE TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, MICHAEL D 111 S. GLEN AVENUE TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, MARCY 708 27TH AVENUE NORTH ST. PETERSBURG FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANEY, STEVEN 3608 SAN JUAN TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, JEANNE T 418 W. PLATT STREET #B TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 502 S. Fremont Ave #1402 Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 502 S. Fremont Ave #402 Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cheryl A Benitez

CHERYL A BENITEZ

Date

1/13/01

Daytime Phone #

(813)8701343

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90056 017 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)