

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007701

1. Entity Name

CHILDREN'S CHARITIES TO COMBAT MENTAL ILLNESS, I

Principal Place of Business

317 - 71ST STREET  
MIAMI BEACH FL 33141

Mailing Address

317 - 71ST STREET  
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S  
317 - 71ST STREET  
MIAMI BEACH FL 33141

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 D ☐ Delete  
NAME PIOTRKOWSKI, DEBORAH  
STREET ADDRESS 317 - 71ST STREET  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ Delete  
NAME PIOTRKOWSKI, JOSHUA  
STREET ADDRESS 317 - 71ST STREET  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ Delete  
NAME PIOTRKOWSKI, JOEL S  
STREET ADDRESS 317 - 71ST STREET  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D ☐ Change ☒ Addition  
NAME Jared Piotrkowski  
STREET ADDRESS 317 71st St  
CITY-ST-ZIP MIAMI BEACH, FL 33141

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90053 036 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)