

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90951 038 ****61.25

DOCUMENT # N01000000144

1. Entity Name
**SOUTH FLORIDA INTERFAITH COMMITTEE FOR WORKER JU
STIC INC.**



Principal Place of Business
**260 NE 17TH TERRACE STE 200
MIAMI FL 33132**

Mailing Address
**260 NE 17TH TERRACE STE 200
MIAMI FL 33132**

11020413



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0701501**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUNKER, JUDITH
16201 SW 95 AVE STE 112300
MIAMI FL 33157**

Name **RAY Rufo**
Street Address (P.O. Box Number is Not Acceptable)
**St Thomas University
15400 NW 32nd Ave**
City **Miami** FL Zip Code **33050-6498**

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 *Judith Bunker*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **BUNKER, JUDITH**
STREET ADDRESS **16201 SW 95TH AVE STE 112**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DP** ☐ Change ☒ Addition
NAME **Rev. Jonas Georges**
STREET ADDRESS **16951 NE 4th Avenue**
CITY-ST-ZIP **North Miami Beach, FL 33162**

TITLE **OV** ☐ Delete
NAME **SCHIFF, SOLOMON**
STREET ADDRESS **4200 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137-3279**

TITLE **DST** ☒ Change ☐ Addition
NAME **DST**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **RUFO, RAYMOND**
STREET ADDRESS **15400 NW 32ND AVE**
CITY-ST-ZIP **MIAMI FL 33050-6498**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *NICOLAS REQUIRED*

4-24-03 305-256-7728

CR2E037 (10/02)