**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jun 25, 2002 8:00 am Secretary of State DOCUMENT # N0100003277 05-21-2002 91198 010 \*\*\*\*61.25 1. Entity Name SOUTH FLORIDA JOBS WITH JUSTICE, INCORPORATED Principal Place of Business Mailing Address 94975 1405 NW 167TH ST. SUITE 100 1405 NW 167TH ST. SUITE 100 MIAMI FL 33169 MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. 4. FEI Number Applied For City & State City & State 65-1111662 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, RICHARD, RIND & NAVARRETE, P.A. 6950 N KENDALL DR Drive Vorth Kendal MIAMI FL 33156 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Addition ☐ Change Co-chair ☐ Delete TITLE Monica Russo NAME NAME 1405 NW 1675+ Suite 100 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Fl ☐ Addition Change ☐ Delete TITLE TITLE John Due NAME MAME 1405 NW 1675+ Suite 100 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF ☐ Change Addition TITLE TITLE Deffery Mitchell NAME NAME 5705 NW38 St STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME 9NW 1835+ Suite 224 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ica President ☐ Change ☐ Addition Delete TITLE TITLE Tony Dorado 13012 S.W. 133 Court NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Oelete ☐ Change тпів NAME NAME STREET ADDRESS 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