

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005956

1. Entity Name

IT'S A NEW BEGINNING OUTREACH, INC.

Principal Place of Business

2981 NW 194TH STREET
MIAMI FL 33056

Mailing Address

2981 NW 194TH STREET
MIAMI FL 33056

2. Principal Place of Business

1633 N.W. 3RD AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33130

Country

USA

Country

4. FEI Number

65-1133752

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAXTON, DARLENE
2981 NW 194TH STREET
MIAMI FL 33056

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

1-9-02

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	<input type="checkbox"/> Delete
NAME	MC MILLIAM, TODD	
STREET ADDRESS	157 NW 80TH AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, PATRICIA	
STREET ADDRESS	8741 NW 15TH AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, SHIRLEY	
STREET ADDRESS	1470 NW 92ND STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POUCHIE, FRANCOIS	
STREET ADDRESS	1470 NW 92ND STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARISH-KEATON, DEMETRES	
STREET ADDRESS	14310 NW 16TH COURT	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, ANUKA	
STREET ADDRESS	5424 SW 131ST TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33027	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EXECUTIVE DIRECTOR / OWNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARLENE BRAXTON	
STREET ADDRESS	2981 NW 194TH AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-9-02

(305) 628-0074

CR2E037 (9/01)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90073 046 ****70.00



DO NOT WRITE IN THIS SPACE