

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90129 003 ****61.25

DOCUMENT # N01000008449



1. Entity Name
THE CHILDREN'S CHARITY LEAGUE OF DADE COUNTY, IN C.

Principal Place of Business
**18710 NW 29 PL
CAROL CITY FL 33056**

Mailing Address
**18710 NW 29 PL
CAROL CITY FL 33056**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0784925**

Applied For
Not Applicable

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

**MARTIN, COLUMBUS JR
18710 NW 29 PL
CAROL CITY FL 33056**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIR** ☐ Delete
NAME **MARTIN, COLUMBUS JR**
STREET ADDRESS **18710 NW 29 PL**
CITY-ST-ZIP **CAROL CITY FL 33056**

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

TITLE **DIR** ☐ Delete
NAME **GOLDEN, WILLIE L**
STREET ADDRESS **18710 NW 29 PL**
CITY-ST-ZIP **CAROL CITY FL 33056**

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

TITLE **TRUS** ☐ Delete
NAME **GUZMAN, WILLIAM**
STREET ADDRESS **5424 NW 169 ST**
CITY-ST-ZIP **MIMI FL 33055**

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

TITLE **Vice President** ☐ Delete
NAME **Simmons, Mervin**
STREET ADDRESS **18824 NW 32nd Place**
CITY-ST-ZIP **CAROL CITY, FL 33056**

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

TITLE **Vice President** ☐ Delete
NAME **Simmons, Lonniea**
STREET ADDRESS **18824 NW 32nd Place**
CITY-ST-ZIP **Miami, FL 33056**

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

TITLE **Vice President** ☐ Delete
NAME **ELIEZER, VERA**
STREET ADDRESS **17771 SW 23 ST**
CITY-ST-ZIP **MIRAMAR FL 33029**

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]

3/28/03

305-621-5088

CR2E037 (10/02)