

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 003 ****61.25

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1. Entity Name
CBG OF MIAMI-DADE COUNTY AND VICINITY, INC.



Principal Place of Business
6001 NW 8TH AVENUE
MIAMI, FL 33127 US

Mailing Address
6001 NW 8TH AVENUE
MIAMI, FL 33127 US

60000374



01262007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-1348951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, JOAQUIN DR.
6001 NW 8TH AVENUE
MIAMI, FL 33127

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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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	WILLIS, JOAQUIN DR.
STREET ADDRESS	6001 NW 8TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	VP D
NAME	SMITH, GASTON
STREET ADDRESS	740 NW 58 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D, S
NAME	RICHARDSON, WALTER T DR.
STREET ADDRESS	17201 SW 103 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	HOLTS, RANDALL
STREET ADDRESS	1881 NW 103 STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	T, D
NAME	BROWN, JIMMIE
STREET ADDRESS	2001 NW 35 STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #