

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04525

1. Entity Name

THE CHILD ASSAULT PREVENTION (CAP) PROJECT OF SO

Principal Place of Business

801 S.W. THIRD AVENUE
#300
MIAMI FL 33130
US

Mailing Address

801 S.W. THIRD AVENUE
#300
MIAMI FL 33130-3576
US

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

59-2450696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, BETH
17900 SW 77 AVE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

MARINA CHATCO

Street Address (P.O. Box Number is Not Acceptable)

9310 MARINE DRIVE

MIAMI

City

FL

Zip Code
33189

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] - EXECUTIVE DIRECTOR - MARINA CHATCO 3/6/00
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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	PERRY, BETH	
STREET ADDRESS	1505 N.E 13TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BADER, BOB	
STREET ADDRESS	1969 NE 173 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, GULY RODRIGUEZ	
STREET ADDRESS	13911 S.W. 103RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERGER, ELLIS	
STREET ADDRESS	550 NE 53 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINA CHATCO	
STREET ADDRESS	9310 MARINE DRIVE	
CITY-ST-ZIP	MIAMI FL. 33189	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTHER BLYNN, ESQ	
STREET ADDRESS	776 N.E 125th ST.	
CITY-ST-ZIP	MIAMI FL. 33161	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEILA KASSELWITZ	
STREET ADDRESS	8240 SW 92nd AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Martin	
STREET ADDRESS	4715W 18 Terr	
CITY-ST-ZIP	MIAMI FL 33129	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90077 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)