

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90156 029 \*\*\*\*61.25

**DOCUMENT # N04525**

1. Entity Name

**THE CHILD ASSAULT PREVENTION (CAP) PROJECT OF SO  
UTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**#308**

Suite, Apt. #, etc.

**#308**

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

7. Name and Address of New Registered Agent

**CHATOO, MARINA  
9310 MARINE DRIVE  
MIAMI FL 33189**

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

**MARINA CHATOO, EXECUTIVE DIRECTOR**

**1/11/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
PERRY, BETH  
1505 N.E 13TH PLACE  
MIAMI FL** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BADER, BOB  
1969 NE 173 ST  
MIAMI FL** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TORRES, GULY RODRIGUEZ  
13911 S.W. 103RD AVENUE  
MIAMI FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MARTIN, MELISSA  
471 SW 18 TERR  
MIAMI FL 33129** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHATOO, MARINA  
9310 MARINE DRIVE  
MIAMI FL 33189** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BLYNN, ESTHER ESQ  
776 NE 125TH ST.  
MIAMI FL 33161** ☐ Delete

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

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 REQUIRED**  
**MARINA CHATOO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/16/02**

**305-377-2277**

CR2E037 (9/01)