

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90069 012 ****70.00

DOCUMENT # N04525

1. Entity Name

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



Principal Place of Business

**801 S.W. THIRD AVENUE
STE 308
MIAMI FL 33130
US**

Mailing Address

**801 S.W. THIRD AVENUE
STE 308
MIAMI FL 33130
US**

90004189



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2450696**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE MARINA CHATOO, EXECUTIVE DIRECTOR

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 NAME	D TORRES, GULY RODRIGUEZ	<input type="checkbox"/> Delete
STREET ADDRESS	13911 S.W. 103RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D CHATOO, MARINA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9310 MARINE DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE NAME	D BLYNN, ESTHER ESQ	<input type="checkbox"/> Delete
STREET ADDRESS	776 NE 125TH ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D DR. RUBEN GONZALEZ-VALLINA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2 DE LEON DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33122	
TITLE NAME	T/D ISIS FERRAS-GOTTIEB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3410 S.W. 11TH STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE NAME	S/D DR. DEISE GRANADO-VILLAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3000 S.W. 62ND AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33155	
TITLE NAME	D DR. PEDRO C. REIMON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9366 SW 72ND ST, Suite 225	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME	P/D GUDELIA RODRIGUEZ-TORRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13911 S.W. 103RD AVE.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE NAME	V/D ESTHER BLYNN, ESQ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	776 NE 125TH STREET	
CITY-ST-ZIP	MIAMI, FL 33161	

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: MARINA CHATOO

1/7/03

305-377-2277

CR2E037 (10/02)

attachment
NO4525

90004189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Board Member Name and Address		
D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Adriana Chizan-Pluta 100 Lincoln Rd, Apt. 1504 Miami Beach, FL 33139		
D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Wilma Sanchez Miami Childrens Hospital 3000 SW 62nd Avenue Coral Gables, FL. 33155		