

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90012 021 ****61.25

DOCUMENT # N08179

1. Entity Name

MIAMI COALITION FOR THE HOMELESS, INC.

Principal Place of Business

Mailing Address

315 NAVARRE AVENUE
 STE 1
 CORAL GABLES FL 33134
 US

P O BOX 144367
 CORAL GABLES FL 33114-4367
 US

00023030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2597 Trapp Avenue
 Suite, Apt. #, etc.

2597 Trapp Avenue
 Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33133

Zip

Country

33133

4. FEI Number

59-2521237

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

LUCY, GALE D
 315 NAVARRE AVENUE, STE 1
 CORAL GABLES FL 33134

Name

Yvonne G. Grassie

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

2597 Trapp Avenue

City

Miami

FL

Zip Code

33133

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/00

**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	PD DANIELS, LOREN 5850 N W 32ND AVENUE MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLIK, OLGA 701 LINCOLN ROAD MIAMI BEACH FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, JEREMIAH 2794 S W 32ND AVENUE MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSIE, YVONNE 2597 TRAPP AVENUE MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

2/14/00

305/285-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)