

# 2000 UNIFORM BUSINESS REPORT (UBR)

090700

DOCUMENT # \N08884

1. Entity Name

MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

FILED

00 SEP -8 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2810 NW S. RIVER DR.  
MIAMI, FL 33125

2810 NW S. RIVER DR.  
MIAMI, FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2569847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHANIE K SOLOVEI  
2810 NW SOUTH RIVER DR  
MIAMI FL 33125

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.

600003397366--1

-09/19/00--01039--003

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SIGNATURE

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 PD  
NAME RETNACH, JUDY  
STREET ADDRESS 365 HARBOR LANE  
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☒ Delete

TITLE PD  
NAME BLONSKY, DANIEL F.  
STREET ADDRESS 3044 ALLAMANDA ST  
CITY-ST-ZIP MIAMI, FL 33133 ☐ Change ☒ Addition

TITLE VPD  
NAME MATZNER, VERONICA  
STREET ADDRESS 5880 SW 97TH ST  
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE TD  
NAME BELL, JEAN M.  
STREET ADDRESS 17190 SW 84 AVE.  
CITY-ST-ZIP MIAMI, FL 33157 ☐ Change ☒ Addition

TITLE SD  
NAME TURICI, RICHARD  
STREET ADDRESS 3325 NW 62 STREET  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE MD  
NAME SOLOVEI, STEPHANIE K.  
STREET ADDRESS 8830 SW 123 CT, I-101  
CITY-ST-ZIP MIAMI, FL 33186 ☐ Change ☒ Addition

TITLE TD  
NAME GROSSMAN, LISA K.  
STREET ADDRESS 375 HAMPTON LANE  
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☒ Delete

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

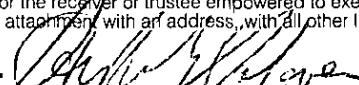
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:  Stephanie K. Solovei, August 29, 2000 (305) 635-895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SP

CR2E037 (9/99)