

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08884

1. Entity Name

MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

Principal Place of Business

2810 NW S. RIVER DR.
MIAMI FL 33125

Mailing Address

2810 NW S. RIVER DR.
MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2569847

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOVEI, STEPHANIE K
2810 NW SOUTH RIVER DR
MIAMI FL 33125

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	BLONSKY, DANIEL F	
STREET ADDRESS	3044 ALLAMANDA ST	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATZNER, VERONICA	
STREET ADDRESS	5880 SW 97TH ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TURICI, RICHARD	
STREET ADDRESS	3325 NW 62 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELL, JEAN M	
STREET ADDRESS	17190 S.W. 84TH AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SOLOVEI, STEPHANIE K	
STREET ADDRESS	8830 S.W. 123RD CT., 1-101	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90007 040 ****70.00

00000430



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)