

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90049 016 ****70.00

DOCUMENT # N08884

1. Entity Name

MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

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

Zip

Country

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

7. Name and Address of New Registered Agent

**SOLOVEI, STEPHANIE K
 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.

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephanie K. Solovei 1/11/02 636-3510
 (305)

CR2E037 (9/01)