

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

DOCUMENT # N08884

1. Entity Name

MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2810 NW S. RIVER DR

Suite, Apt. #, etc.

3. Mailing Address

2810 NW S. RIVER DR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2569847

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent.

Name

SOLOVEI, STEPHANIE K.

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

2810 NW SOUTH RIVER DRIVE

City

MIAMI

FL

Zip Code

33125

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IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME BELL, JEAN M.
STREET ADDRESS 17190 SW 84 AVE.
CITY-ST-ZIP MIAMI, FL 33157

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

TITLE SD
NAME TURICI, RICHARD
STREET ADDRESS 3325 NW 62 ST
CITY-ST-ZIP MIAMI, FL 33147

TITLE TD
NAME GORAN, WILLIAM T.
STREET ADDRESS 1320 S DIXIE HWY, #1000
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 Solovei 8/8/02 (305) 636 3510