

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08884

FILED
Jan 05, 2004
Secretary of State

Entity Name: MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

Current Principal Place of Business:

2810 NW S. RIVER DR.
MIAMI, FL 33125

New Principal Place of Business:

2810 NW SOUTH RIVER DR
MIAMI, FL 33125 US

Current Mailing Address:

2810 NW S. RIVER DR.
MIAMI, FL 33125

New Mailing Address:

2810 NW SOUTH RIVER DR
MIAMI, FL 33125 US

FEI Number: 59-2569847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TURICI, RICHARD
Address: 3325 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

Title: PD () Delete
Name: BELL, JEAN M
Address: 17190 S.W. 84TH AVE
City-St-Zip: MIAMI, FL 33157

Title: MD () Delete
Name: SOLOVEI, STEPHANIE K
Address: 8830 S.W. 123RD CT., I-101
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: GORAN, WILLIAM T
Address: 1320 S DIXIE HWY #1000
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: TURICI, RICHARD
Address: 2601 SW 34 AVE
City-St-Zip: PEMBROKE PARK, FL 33023 US

Title: PD (X) Change () Addition
Name: BELL, JEAN M
Address: 401 E LAS OLAS BLVD 8 FL
City-St-Zip: FT LAUDERDALE, FL 33301 US

Title: MD (X) Change () Addition
Name: SOLOVEI, STEPHANIE K
Address: 8830 SW 123 CT I-101
City-St-Zip: MIAMI, FL 33186 US

Title: TD (X) Change () Addition
Name: GORAN, WILLIAM T
Address: 95 MERRICK WAY STE 610
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VD () Change (X) Addition
Name: KAHN DRODY, LANI
Address: 5774 SW 76 TER
City-St-Zip: MIAMI, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE K SOLOVEI

MD

01/05/2004

Electronic Signature of Signing Officer or Director

Date