


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90826 038 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N27210</b>   |         |                |         |
| 1. Entity Name<br><b>THE MIAMI COALITION FOR A SAFE AND DRUG-FREE COMMUNITY, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>UM/NORTH SOUTH CENTER<br/>1500 MONZA AVENUE<br/>CORAL GABLES FL 33146</b>                      |         | Mailing Address<br><b>UM/NORTH SOUTH CENTER<br/>1500 MONZA AVENUE<br/>CORAL GABLES FL 33146</b> |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent  |         | 7. Name and Address of New Registered Agent   |         |
| <b>RAATTAMA, HENRY H., JR.<br/>% AKERMAN, SENTERFITT &amp; EIDSON, P.A.<br/>ONE S.E. 3RD AVE., 28TH FLOOR<br/>MIAMI FL 33131</b> |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code        |         |



☐ CHECK HERE IF MAKING CHANGES

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number <b>65-0078686</b>                           | Applied For                           |
|   | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

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. I am familiar with, and accept the obligations of registered agent.

|  |  |                                    |  |
|--|--|------------------------------------|--|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  | DATE _____                         |  |
| <b>FILE NOW: FEE IS \$61.25</b>  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>MCCABE, ROBERT H<br/>1601 S. MIAMI AVENUE<br/>MIAMI FL 33129</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>COOK, DIANE<br/>UM/TREASURER'S OFFICE-250 ASH BLDG<br/>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCD<br/>PODHURST, AARON<br/>25 W. FLAGLER STREET<br/>MIAMI FL 33130</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>CULP, MARILYN W<br/>UM/NORTH SOUTH CENTER, 1500 MONZA AVE.<br/>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *MARILYN W. CULP* **1-7-03 (305) 284-6849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)