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

DOCUMENT # N30850

1. Entity Name

Principal Place of Business

MIAMI-DADE COUNTY DAYS, INC.



Mailing Address

% DADE COUNTY LEGISLATIVE DELEGATION 111 NW 1ST ST #655 MIAMI FL 33128 7800 RED ROAD #115 SOUTH MIAMI FL 33143

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2. Principa	Place of Business	3. Mailing Address	·					
		10719 SW 104 S			ishta mmilmi firshi sashis mmis msasi	i ninii ninii ninii n	HOLF BENEFI FOR	
		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
					CHECK HEHE IF MAKI	NG CHANGES	S	
		City & State			4. FEI Number 65-0102405 Applied For			
		Miami, FL			0 102400	<u> </u>	ot Applicable	
Zip	Country	Zip	Country			\$8.75 Ac		
<u> </u>		33176	USA	5. Certificate of S	tatus Desired	Fee Require	ed	
<u> </u>	6. Name and Address of Curren	t Registered Agent		7. Name and Add	iress of New Registere			
001144	AL IEFERY		Name	Name				
	N, JEFFRY		Street A	Street Address (P.O. Box Number is Not Acceptable)				
7800 RI	בט אט		107	Street Address (P.O. Box Number is Not Acceptable) 10719 SW 104 St.				
#115	FALSE OF SOLID							
SOUTH	MIAMI FL 33143		City					
			City Mi.	ami	F	L 12ip Coc		
the obline	e named entity submits this statement fations of registered agent	or the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. I ar	m familiar with.	and accept	
ano oblige	alions of registered agent	15						
S.S		-	76660. I	Cuc	. / /	1 -		
SIGNATURE	. Signature, upon or printed name of registered agent		JUTIKY (TRY GILLAN 2/1/03 d Agent signature required when reinstating) DATE				
†		and the ii appacable. (NO)	E: Registered Agent signatu 	re required when reinstating)	DATE	-		
*			·					
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make Check Payable to			
		irust rung C	contribution.	Added to Fees	Florida Depa	artment of	State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS (OLIANIS)	-0 TO 000000000			
TITLE	D	☐ Delete	TITLE	ADDITIONS/CHANGE	S TO OFFICERS AND D		110	
NAME	LOPEZ, VINCENT JR	L Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS	150 W FLAGLER ST #1820		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE					
NAME	GILLMAN, JEFFRY		NAME			XX Change	☐ Addition	
STREET ADDRESS	7800 RED ROAD, #115		STREET ADDRESS				1	
CITY-ST-ZIP	ACT_7ID C MARK FI			ST-7/P 10719 SW 104 St.				
TITLE	D	□ Delete		Miami, FL 3	3176			
NAME	RAULSON; DIANNE	TT Delete	TITLE NAME	مسريد د		Change	☐ Addition	
STREET ADDRESS	14317 SW 62 ST		STREET ADDRESS	—• • ···	and the same transformer of the Same			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP					
TITLE			1					

12. I hereby certify that the information supplied with this filling 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

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DEPARTMENT OF

Delete

☐ Delete

☐ Delete

عرار/م3 305-595-9377

☐ Change

☐ Change

Change

☐ Addition

☐ Addition

Addition

FILED

02-05-2003 90155 032 ****70.00

Feb 05, 2003 8:00 am Secretary of State

CR2E037 (10/02)