

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32358

1. Entity Name

CHILDREN'S FOUNDATION OF GREATER MIAMI, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90411 034 ****61.25

Principal Place of Business

Mailing Address

800 N. W. 15TH STREET
MIAMI FL 33136-1495
US

800 NW 15TH STREET
MIAMI FL 33136-1495
US

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

65-0141863

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

HALSEY, DOUGLAS M
200 SOUTH BISCAYNE BOULEVARD
#4900
MIAMI FL 33131-2352

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 CD ☐ Delete
NAME FARRA, MIGUEL
STREET ADDRESS 2699 S BAYSHORE DR
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD ☐ Delete
NAME TEMLING, KERSTI
STREET ADDRESS 5940 SW 116TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME KENNEDY, WAYNE
STREET ADDRESS 1433 MARIANA
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME Kennedy Wayne
STREET ADDRESS 1827 NW Miami Gardens Dr
CITY-ST-ZIP Miami FL 33279

TITLE SD ☐ Delete
NAME SOLOMON, SARA
STREET ADDRESS 181-LEUCADENDRA-DRIVE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
NAME Solomon Sara
STREET ADDRESS 1643 Brickell Ave APT 4902
CITY-ST-ZIP Miami FL 33129

TITLE D ☐ Delete
NAME DADY, ROBERT
STREET ADDRESS 200 S BISCAYNE BLVD SUITE 2100
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HALSEY, DOUG
STREET ADDRESS 200 S BISCAYNE SUITE 4900
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
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

4/11/02

Date

371-2700
305-2700

Daytime Phone #

CR2E037 (9/01)