2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 90383 029 ****61.25

DOCUMENT # N39005

1. Entity Name

DO THE RIGHT THING OF MIAMI, INC.

Principal Place of Business	Mailing Address
% DONALD WARSHAW 400 N.W. 2ND AVE. MIAMI FL 33128-1706	% DONALD WARSHAW 400 N.W. 2ND AVE. MIAMI FL 33128-1706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 N.W. 2nd Ave	400 N.W. 2nd Ave
Suite, Apt. #, etc.: Room 412	Suite, Apt. #, etc.: Room 412
City & State: Miami FL	City & State: Miami FL
Zip: 33128 Country: USA	Zip: 33128 Country: USA

4. FEI Number: 65-0207781 ☐ 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
WARSHAW, DONALD 400 N.W. 2ND AVENUE MIAMI FL 33138	Name: Jodi Atkison Street Address (P.O. Box Number is Not Acceptable): 400 N.W. 2nd Avenue City: Miami FL Zip Code: 33138

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: Jodi Atkison Jodi Atkison Executive Director 4/30/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELLAMY, ANGELA 400 N.W. 2ND AVENUE MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. Marzell Smith PD 400 N.W. 2nd Ave Miami FL 33128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WARSHAW, DONALD 400 N.W. 2ND AVENUE MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Linda Haskins TD 400 N.W. 2nd Ave Miami, FL 33128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWENSTEIN, PAT 2100 SALZEDO ST STE 303 CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carol Greer DeVane SD 400 N.W 2nd Ave Miami FL 33128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donald Carlin D 400 N.W. 2nd Ave Miami FL 33128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carolyn Clarke D 400 N.W. 2nd Ave Miami FL 33128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sondra Frankel D 400 N.W. 2nd Ave Miami, FL 33128	☐ Change ☒ Addition

CR2E037 (10/00)

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: CAROL G DEVANE 4-30-01 305-529-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number