

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45125

1. Entity Name

UNITED PATHWAY FOUNDATION, INC.

Principal Place of Business

2100 W 76TH ST
#510
HIALEAH FL 33016
US

Mailing Address

2100 W 76TH ST
#510
HIALEAH FL 33016-5505
US

2. Principal Place of Business

3. Mailing Address

1152 N. University DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

Country

33024

United States

4. FEI Number

65-0282564

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

EDEN, BRIAN
14500 SW 21 ST
DAVE FL 33325

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 PDC
NAME EDEN, BRIAN
STREET ADDRESS 14500 SW 21 ST
CITY-ST-ZIP DAVE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME ESPOSITO, GINA
STREET ADDRESS 14500 SW 21ST ST
CITY-ST-ZIP DAVE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME EDEN, JOHANNE
STREET ADDRESS 2905 OAK PK CIR
CITY-ST-ZIP DAVE FL

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *Brian Eden* 1/4/00 (954) 447-5300

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90033 042 ****70.00



DO NOT WRITE IN THIS SPACE

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