

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90038 006 ****61.25

DOCUMENT # N48368

1. Entity Name

THE CENTER FOR MINORITY HUMAN SERVICES PROVIDERS

Principal Place of Business

Mailing Address

301 BROADWAY
 PORT EXECUTIVE PLAZA SUITE 300
 RIVIERA BEACH FL 33404
 US

174 THORNTON DR
 PALM BCH GDNS FL 33418-8087
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0395588

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GIBBONS, ELSA
 174 THORNTON DR
 PALM BCH GDNS FL 33418

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:

FEES 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	C	<input checked="" type="checkbox"/> Delete
NAME	CALZADO, ENRIQUE	
STREET ADDRESS	112 URANO ST	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MICKEY	
STREET ADDRESS	617 MOOMBINE DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIMES, DULCE	
STREET ADDRESS	4835 OCKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIBBONS, ELSA	
STREET ADDRESS	174 THORNTON DRIVE	
CITY-ST-ZIP	P.B.G. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CADAGAN, RAUL	
STREET ADDRESS	844 WOOLGAVE AVE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBBONS, ELSA	
STREET ADDRESS	174 THORNTON DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olga G. Smith	
STREET ADDRESS	174 Thornton Drive	
CITY-ST-ZIP	P.B.G. FL-33418	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Enrique Calzado	
STREET ADDRESS	8618 urano Terrace	
CITY-ST-ZIP	Lake Park 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Kolo, PhD	
STREET ADDRESS	301 Broadway Ste 300	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/99)