2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 31, 2001 08:00 AM N48368 DOCUMENT # 1. Entity Name **Secretary of State** THE CENTER FOR MINORITY HUMAN SERVICES PROVIDERS, INC. Principal Place of Business Mailing Address 174 THORNTON DR 301 BROADWAY PORT EXECUTIVE PLAZA, SUITE 300 RIVIERA BEACH PALM BCH GDNS FL 334∏4 IIS HS 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0395588 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBBONS ELSA Street Address (P.O. Box Number is Not Acceptable) 174 THORNTON DR PALM BCH GDNS FL33418 US City 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. 03/31/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD Delete TITLE PD Change ☐ Addition NAME NAME GIBBONS ELSA GIBBONS ELSA. STREET ADDRESS 174 THORNTON DRIVE STREET ADDRESS 174 THORNTON DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS PALM BEACH GARDENS FT. FT. 33418 TITLE ☐ Delete TITLE X Change ☐ Addition NAME KOLO PHD JERRY. NAME PRIM DEE STREET ADDRESS STREET ADDRESS 1601 36 CTR. 301 BROADWAY STE 300 CITY-ST-ZIP RIVIERA BEACH FL. 33404 CITY-ST-ZIP WEST PALM BEACH FL. 33407 TITLE Delete TITLE X Change ☐ Addition NAME MERCEDES GIBBONS ELSA NAME SAYAS STREET ADDRESS STREET ADDRESS 1711 HARMONY ST. 174 THORNTON DRIVE CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM P.B.G. FL. FL. TITLE Delete TITLE X Change Addition NAME GRIMES DULCE NAME SMITH OLGA M.D. STREET ADDRESS STREET ADDRESS 4835 OCKEECHOBEE BLVD 174 THORTON DR. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH \mathbf{FL} 33417 PALM BEACH GARDENS FL. 33418 TITLE Delete TITLE S X Change ☐ Addition NAME CALZADO ENRIQUE NAME PENA MELVA STREET ADDRESS 8618 URAMOS TERR STREET ADDRESS 301 BROADWAY STE300 CITY-ST-ZIP LAKE PARK \mathbf{FL} 33433 CITY-ST-ZIP RIVIERA BEACH FL, 33404 TITLE □ Delete TITLE X Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

174 THORTON DR

PALM BEACH GARDENS

SMITH

ELSA GIBBONS

 \mathbf{G}

OLGA

 \mathbf{FL}

33418

Р

CALSADO

LAKE PARK

1816 URANO TER.

03/31/2001

ENRIQUE

33403

CR2E037 (11/00)