## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # N49806** 1. Entity Name NON-SECURE DETENTION HOME, INC. 06-05-2000 90043 003 \*\*\*\*70.00 Principal Place of Business Mailing Address 20402 NW 2ND AVE., 20402 NW 2ND AVE.. SUITE 106 SUITE 106 MIAMI FL 33169-2505 MIAM! FL 33169 2. Principal Place of Business 3. Mailing Address 20401 N.W. 2~10AVE 20401 N.W. ZADAVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 207 207 City & State City & State 4. FEI Number Applied For LIAMI FLORIDA HUDRILA 65-0376863 Not Applicable **\$8.75** Additional \_ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE, PENNY 19320 EAST OAKMONT DR. **MIAMI FL 33015** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition DP TITI F Change TITLE Delete NAME NAME HORNE, ANNIE STREET ADDRESS 20401 NW 2ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MOORE, CYNTHIA STREET ADDRESS STREET ADDRESS 20401 N2 2ND AVE. . . CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Addition Change TITLE TITLE DT ☐ Delete NAME NAME MILES, ALFRED STREET ADDRESS STREET ADDRESS 20401 NW 2ND AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME FLOYD, MAMIE STREET ADDRESS STREET ADDRESS 20401 NW 2ND AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE Change Addition ☐ Delete TITLE NAME NAME MOORE, PENNY STREET ADDRESS STREET ADDRESS 20401 NW 2ND AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

SCHANDER PLOBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23,00

305-653-321