

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50367

FILED
Jan 22, 2002 8:00 AM
Secretary of State

Entity Name: CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

501 NE FIRST AVE
STE 102
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

501 NE FIRST AVE
STE 102
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 65-0379532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANHAM, MICHAEL F.
501 NE FIRST AVE
SUITE 102
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBERTS, ALVIN WN
Address: 1201 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

Title: DV () Delete
Name: BRIDIS, TED,
Address: 9785 SW 145TH ST
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: WATSON, DARLENE
Address: 7301 LOCH ISLE DR SOUTH
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: MOSS, MICHAEL,
Address: 8601 NW 193RD TER
City-St-Zip: MIAMI, FL 33015

Title: DS () Delete
Name: BELTON, SANDY
Address: 1485 NE 152 ST
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: SANTOS, BRUNO
Address: 21361 NE 8 AVENUE, APT 1
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN ROBERTS

PRES

01/22/2002

Electronic Signature of Signing Officer or Director

Date