

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N92000000556**

1. Entity Name

**Children's Cultural Coalition**

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90006 029 \*\*\*\*61.25

Principal Place of Business

**111 NW 1st St.**  
**S-625**  
**Miami, FL 33128**

Mailing Address

**P.O. Box 403336**  
**miami Beach, FL**  
**33140**

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

**650397264**

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

**Jillian Daniel**  
**111 NW 1st St.**  
**Ste. 625**  
**Miami, FL 33128**

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.

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**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Jude Parry</b>	
STREET ADDRESS	<b>345 W 37th Street</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>George Neary</b>	
STREET ADDRESS	<b>701 Brickell Ave Ste. 2700</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Louis St. Clair</b>	
STREET ADDRESS	<b>550 Brickell Ave Ste 200</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Marcie Davis</b>	
STREET ADDRESS	<b>9800 SW 114th St.</b>	
CITY-ST-ZIP	<b>Miami, FL 33176</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Jeanette Garcia</b>	
STREET ADDRESS	<b>4343 W. Flagler St.</b>	
CITY-ST-ZIP	<b>Miami, FL 33135</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>George Neary</b>	
STREET ADDRESS	<b>701 Brickell Ave. Ste 2700</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Corki Dozer</b>	
STREET ADDRESS	<b>701 Brickell Ave. # 2700</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Susan Caraballo</b>	
STREET ADDRESS	<b>742 SW 16th Ave</b>	
CITY-ST-ZIP	<b>Miami, FL 33135</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Angela Ardolino</b>	
STREET ADDRESS	<b>405 University Drive</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
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: **George Neary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)