

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91733 048 ****61.25

DOCUMENT # N92000000556

1. Entity Name

THE CHILDREN'S CULTURAL COALITION OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

~~111 NW 1ST ST~~
~~S-625~~
~~MIAMI FL 33128~~

P.O. BOX 403336
 MIAMI BEACH FL 33140

80121102

2. Principal Place of Business

3. Mailing Address

500 71 STREET
 Suite, Apt. #, etc.
NORTH BEACH, FL

Suite, Apt. #, etc.

City & State
33141 DADE

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0397264

Applied For

Not Applicable

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

~~DANIEL JILLIAN~~
~~111 NW FIRST STREET~~
~~SUITE 625~~
~~MIAMI FL 33128~~

Name

ANGELA ARDOLINO

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

13448 SW 130 TERRACE

City

MIAMI, FL

FL

Zip Code

33186

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] **ANGELA ARDOLINO, SECRETARY** **5/5/02**

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. ☐

\$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 **X P D**
 NAME **NEARY, GEORGE**
 STREET ADDRESS **701 BRICKELL AVE., STE. 2700**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CAROL FOSTER**
 STREET ADDRESS **1444 BISCAYNE BLVD #202**
 CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **P** ☐ Delete
 NAME **PARRY, JUDE**
 STREET ADDRESS **345 W 37TH ST**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **JUDE PARRY**
 STREET ADDRESS **345 W 37 AVE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **T** ☒ Delete
 NAME **ST CLAIR, LOUIS**
 STREET ADDRESS **550 BRICKELL AVE, SUITE 200**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **ANGELA ARDOLINO**
 STREET ADDRESS **13448 SW 130 TERR**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **S** ☒ Delete
 NAME **DAVIS, MARCIE**
 STREET ADDRESS **9800 SW 114 ST**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **GARCIA, JEANETTE**
 STREET ADDRESS **4343 W. FLAGLER ST.**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BRUNEY, LAURA**
 STREET ADDRESS **201 S BISCAYNE BLVD, SUITE 2400**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ 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]* **ANGELA ARDOLINO** **5/5/02** **305-233-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)