2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # N9400000871 1. Entity Name PRATT MEMORIAL FAMILYBUILD PROGRAM OF MIAMI, FLO 03-01-2001 90505 001 ***122.50 Principal Place of Business Mailing Address 1900 N.W. 183RD ST. 2201 NW 189 TERR MIAMI FL 33055 53026 MIAMI FL 33056 US US 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 65-0478150 Not Applicable Zip Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) HALL, FLORENCE P 2201 N.W. 189TH TERRACE MIAMI FL 33056 City Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change HALL, FLORENCE P NAME NAME STREET ADDRESS 2201 N.W. 189TH TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL ח ☐ Addition TITLE ☐ Delete TITLE ☐ Change GARDNER, BENJAMIN F JR NAME NAME STREET ADDRESS 7401 N.W. 186TH STREET STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP MIAMI.FL 33015. VD ☐ Change ☐ Addition ☐ Delete TITLE MANCE, HENRY NAME NAME STREET ADDRESS 2201 NW 189 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33056** TITLE Delete TITLE Addition ra J. Williams roc Bunche Park School Drive 1-Locka, Fl. 33054 HARRIS, IVORY NAME NAME STREET ADDRESS 1701 NW 185 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME WILSON, BRENDA NAME STREET ADDRESS 1701 NW 185 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL TIT! F ☐ Delete TITI F ☐ Change ■ Addition GARDNER, JAMES G. 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-71P

18545 NW 22 PL

MIAMI FL

305-621-0046