

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90206 001 \*\*\*122.50

**DOCUMENT # N94000000871**

1. Entity Name

**PRATT MEMORIAL FAMILYBUILD PROGRAM OF MIAMI, FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

1900 N.W. 183RD ST.  
 MIAMI FL 33055  
 US

2201 NW 189 TERR  
 MIAMI FL 33056  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0478150**

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

**HALL, FLORENCE P**  
**2201 N.W. 189TH TERRACE**  
**MIAMI FL 33056**

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.

**\$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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, FLORENCE P</b>	
STREET ADDRESS	<b>2201 N.W. 189TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, BENJAMIN F JR</b>	
STREET ADDRESS	<b>7401 N.W. 186TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI.FL 33015</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MANCE, HENRY</b>	
STREET ADDRESS	<b>2201 NW 189 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, IRA J</b>	
STREET ADDRESS	<b>15800 BUNCHE PARK SCHOOL DR</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, BRENDA</b>	
STREET ADDRESS	<b>1701 NW 185 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, JAMES G.</b>	
STREET ADDRESS	<b>18545 NW 22 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Florence Pratt Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2002

Date

305-621-0046

Daytime Phone #

CR2E037 (9/01)