

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90177 001 ***122.50

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1. Entity Name
**PRATT MEMORIAL FAMILYBULD PROGRAM OF MIAMI, FLO
RIDA, INCORPORATED**

Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P HALL, FLORENCE P**
STREET ADDRESS **2201 N.W. 189TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME **D GARDNER, BENJAMIN F JR**
STREET ADDRESS **7401 N.W. 186TH STREET**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME **VD MANCE, HENRY**
STREET ADDRESS **2201 NW 189 TERR**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ Delete
NAME **T WILLIAMS, IRA J**
STREET ADDRESS **15800 BUNCHE PARK SCHOOL DR**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Delete
NAME **S WILSON, BRENDA**
STREET ADDRESS **1701 NW 185 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME **D GARDNER, JAMES G.**
STREET ADDRESS **18545 NW 22 PL**
CITY-ST-ZIP **MIAMI FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D Williams, Ivan E.**
STREET ADDRESS **15800 Bunche Park School Drive**
CITY-ST-ZIP **Opa-Locka, Fl. 33054**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Florence Pratt Hall*

1-6-2003

305-621-0046

CR2E037 (10/02)