

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005842**

1. Entity Name

THE DOMESTIC VIOLENCE EDUCATION AND PREVENTION P**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90088 017 ****70.00

Principal Place of Business

Mailing Address

12387 S.W. 143 LANE
MIAMI FL 33186
USP.O. BOX 16-5224
MIAMI FL 33116-5224**C0018184**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0547598

Applied For

Not Applied

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

JACKSON, VICKIE M
12387 S.W. 143 LANE
MIAMI FL 33186

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	PTD	<input type="checkbox"/> Delete
NAME	JACKSON VICKIE	
STREET ADDRESS	12387 S W 143RD LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAM E. JACKSON ED.D	
STREET ADDRESS	12387 S W 143RD LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARC S. SMITH	
STREET ADDRESS	759 N.W. 76TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMITH, TARLESHIA W	
STREET ADDRESS	759 N.W. 76TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	801 N.W. 151 Street	
CITY-ST-ZIP	Miami, FL 33169	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	801 N.W. 151 Street	
CITY-ST-ZIP	Miami, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000

(305) 378-8288

Date

Daytime Phone #