

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002002

1. Entity Name

THE COCONUT GROVE FAMILY AND YOUTH INTERVENTION  
CENTER INC.

Principal Place of Business

3576 GRAND AVE.  
MIAMI FL 33133

Mailing Address

P.O. BOX 330322  
MIAMI FL 33233

2. Principal Place of Business

3600 Grand Avenue

Suite, Apt. #, etc.

Apt #3 & 6

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Miami, Florida 33133

City & State

Zip  
33133

Country  
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0600865

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, YVONNE  
3411 OAK AVENUE  
MIAMI FL 33133

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIS, JAMES H 1845 NW 65TH STREET MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALONSO-POCH, MANUEL 2100 PONCE DE LEON DRIVE MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, WILLIE 3616 DAY AVENUE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERSTER, LUCIAN 1320 NW 14TH STREET MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, ROBERT 777 BRICKELL AVENUE, STE 1114 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAA MCCOY, DON 2850 SW 27TH AVENUE MIAMI FL 33133	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALONSO-POCH, MANUEL 2100 Ponce de Leon Dr. #1170 Miami, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, ANNIE B. 3802 Oak Avenue Miami, Florida 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERSTER, LUCIAN 1320 N.W. 14th Street Miami, Florida 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305) 446 3595

Date

Daytime Phone #

CR2E037 (9/01)