

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004291

Entity Name

ORIENTATION CENTER FOR PREVENTION OF DOMESTIC AS

Principal Place of Business

5040 G ELMHURST ROAD
WEST PALM BEACH FL 33417

Mailing Address

5040 G ELMHURST ROAD
WEST PALM BEACH FL 33417-4562

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0653495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CENTER FOR MINORITY HUMAN SVS. PROVIDER
101 BROADWAY STE 300
RIVERIA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

P	VALANTIRI, ACELA VIRGEN	<input type="checkbox"/> Delete
STREET ADDRESS	178 SANDPIPER AVE	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
SD	MORRIS, VICTORIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	409 DREXEL RD	
CITY-ST-ZIP	W PALM BCH FL 33417	
TD	BERNOLD, HILDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	409 DREXEL RD	
CITY-ST-ZIP	W PALM BCH FL 33417	
D	CASTIBLANCO, MAEINA	<input type="checkbox"/> Delete
STREET ADDRESS	5040 G ELMHURST RD	
CITY-ST-ZIP	W PALM BEACH FL 33417	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P	FELICITA SANCHEZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4848 ORLANDO AVE	
CITY-ST-ZIP	West Palm Beach FL 33417	
SD	LAURA JAZQUEZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1081 PINEWAY DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TD	GLADYS AMBULODIGUE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2637 WEST GATE WPB FL	
CITY-ST-ZIP	33409	
D	CASTIBLANCO, MARINA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5040 G ELMHURST RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

MARINA CASTIBLANCO 2-7-00-561-478-0711

Date

Daytime Phone #

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90076 029 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)