2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 14, 2001 8:00 am Secretary of State DOCUMENT # N9500004291 1. Entity Name ORIENTATION CENTER FOR PREVENTION OF DOMESTIC AS 08-14-2001 90008 046 ****70.00 Principal Place of Business Mailing Address 5040 G ELMHURST ROAD 5040 G ELMHURST ROAD X 1 9 9 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0653495 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ Street Address (P.O. Box Number is Not Acceptable) . CENTER FOR MINORITY HUMAN SVS. PROVIDER 301 BROADWAY STE 300 RIVERIA BEACH FL 33404 City Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Addition TITI F TITLE SANCHEZ, FELICITA Miriam Aviles NAME STREET ADDRESS 4848 ORLANDO AVENUE STREET ADDRESS 8894 Spring Valley Drive CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP South Boynton Beach, F1 Change Addition TITLE TITLE VAZQUEZ, LAURA NAME NAME GLADYS AMBULODIGUE 1081 PINEWAY DRIVE STREET ADDRESS 2637 WESTGATE STREET ADDRESS CITY-ST-ZIP WEST_PALM:BEACH.FL.33417 CITY-ST-ZIP WEST FALM BEACH; Delete Addition ☐ Change TITLE TITLE TDAMBULDODIGUE, GLADYS NAME NAME MELISSA SALGADO STREET ADDRESS 2637 WEST GATE STREET ADDRESS 901 PALM BEACH TRACE DRIVE CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33409 ROYAL PALM BEACH, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE CASTIBLANCO, MARINA NAME 5040 G ELMHURST RD STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 rice appowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

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