

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90174 002 \*\*\*\*70.00

**DOCUMENT # N95000004291**

1. Entity Name

**ORIENTATION CENTER FOR PREVENTION OF DOMESTIC AS  
SAULT INC.**



Principal Place of Business:

**5040 G ELMHURST ROAD  
WEST PALM BEACH FL 33417**

Mailing Address

**5040 G ELMHURST ROAD  
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**CENTER FOR MINORITY HUMAN SVS. PROVIDER**

**301 BROADWAY-STE 300  
RIVERIA BEACH FL 33404**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **AVILES, MIRIAM**  
STREET ADDRESS **8894 SPRING VALLEY DRIVE**  
CITY-ST-ZIP **SOUTH BOYNTON BEACH FL 33437**

TITLE **P** ☒ Change ☐ Addition  
NAME **SALGADO, MELISSA**  
STREET ADDRESS **901 PALM BEACH TRACE DR.**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **SD** ☐ Delete  
NAME **PINO, BELLANIRA**  
STREET ADDRESS **4804 SARATOGA ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE **D** ☐ Delete  
NAME **CASTIBLANCO, MARINA**  
STREET ADDRESS **5040 G ELMHURST RD**  
CITY-ST-ZIP **W PALM BEACH FL 33417**

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

TITLE **TD** ☒ Delete  
NAME **SALGADO, MELISSA**  
STREET ADDRESS **901 PALM BEACH TRACE DRIVE**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TD** ☒ Change ☐ Addition  
NAME **AVILES MIRIAM**  
STREET ADDRESS **8894 SPRING VALLEY DR.**  
CITY-ST-ZIP **SOUTH BOYNTON BEACH, FL 33437**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* 3/17/2003

CR2E037 (10/02)