

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90087 011 \*\*\*\*70.50

**DOCUMENT # N95000004811**

1. Entity Name

**TEEN PREGNANCY PREVENTION CENTER, INC.**

Principal Place of Business

2135 N.W. 52ND STREET, UNIT G  
 MIAMI FL 33142

Mailing Address

2135 N.W. 52ND STREET, UNIT G  
 MIAMI FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0612181**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAUL, JOSEPH**  
**524A POPE STREET**  
**TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name **Kalenthia Nunnally**  
 Street Address (P.O. Box Number is Not Acceptable) **5500 N.W. 4th Ave.**  
 City **Miami FL** Zip Code **33127**

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

*Kalenthia Nunnally*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/2/02**

**After September 13, 2002, min. will be \$236.25.**

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	PD	<input type="checkbox"/> Delete
NAME	NUNNALLY, KLAENTHRA	
STREET ADDRESS	5835 S.W. 62ND TERR.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FELDMANN, GARY	
STREET ADDRESS	6700 N.W. 17TH AVE., #1	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COOPER, GWEN	
STREET ADDRESS	2349 N.W. 47TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIEJUSTE, MARY	
STREET ADDRESS	5920 S.W. 67TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	PONTON, SHAWN	
STREET ADDRESS	1090 N.W. 110TH STREET	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PAUL, JOSEPH	
STREET ADDRESS	524A POPE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Johnson	
STREET ADDRESS	3410 Grand Ave #4	
CITY-ST-ZIP	Miami FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Kalenthia Nunnally*

**7/2/02**

**(305) 638-6329**

CR2E037 (4/02)