

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000831

1. Entity Name

MANY VOICES: ONE COMMUNITY, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90042 020 ****70.00

Principal Place of Business

C/O CENTER FOR LABOR RESEACH
 FLORIDA INT'L UNIV., UNIVERSITY PARK
 MIAMI FL 33199

Mailing Address

C/O CENTER FOR LABOR RESEACH
 FLORIDA INT'L UNIV., UNIVERSITY PARK
 MIAMI FL 33199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0654926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MERKIN, STEWART A
 444 BRICKELL AVE.
 RIVERGATE PLAZA SUITE 300
 MIAMI FL 33131

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
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Delete
 NAME ADDY, DAWN
 STREET ADDRESS FLA INT'L UNIV., LABOR RES & ST, #304
 CITY-ST-ZIP MIAMI FL 33199

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

TITLE V/D ☐ Delete
 NAME GARCIA-TOLEDO, LUISA
 STREET ADDRESS 1203 SUNSET DR.
 CITY-ST-ZIP S. MIAMI FL 33143

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

TITLE V/D ☐ Delete
 NAME GINN, DONNA
 STREET ADDRESS 11430 N. KENDALL DR., STE 208
 CITY-ST-ZIP MIAMI FL 33176-1057

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

TITLE T/D ☒ Delete
 NAME COMELLAS-MACRETTI, ADRIANA
 STREET ADDRESS 12250 SW 93RD ST.
 CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME Treasurer
 STREET ADDRESS JOHN TSAI
 CITY-ST-ZIP 8100 S.W. 92nd Ct
 MIAMI FL 33173

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME EXECUTIVE DIRECTOR
 STREET ADDRESS VALERIE TAYLOR
 CITY-ST-ZIP 2000 LIBERTY AVE, APT 321
 MIAMI BEACH, FL 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME SECRETARY
 STREET ADDRESS LINDA ROMERO
 CITY-ST-ZIP 1200 NW 88th Avenue
 MIAMI FL 33126

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:

Valerie Taylor VALERIE L. TAYLOR 9/13/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3056040029

CR2E037 (5/00)