

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

0025607

DOCUMENT # N96000002031

1. Entity Name

THE CENTER FOR POSITIVE CONNECTIONS, INC.

04-29-2002 90031 024 ***150.00

Principal Place of Business

Mailing Address

12570 N.E. 7TH AVE
 #104
 NORTH MIAMI FL 33161
 US

12570 N.E. 7TH AVE
 #104
 NORTH MIAMI FL 33161
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0669709

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, SHERI
 12570 N.E. 7TH AVE
 #104
 NORTH MIAMI FL 33161

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

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: VP
 NAME: PHILIPS, ARNETTA E
 STREET ADDRESS: 1201 N.W. 16TH STREET (D-610C)
 CITY-ST-ZIP: MIAMI FL 33125
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: S
 NAME: BAEZ, JANET
 STREET ADDRESS: 2418 PIERCE ST
 CITY-ST-ZIP: HOLLYWOOD FL 33020
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: TD
 NAME: BECK, VIVIAN
 STREET ADDRESS: 6183 MIAMI LAKES DR. EAST
 CITY-ST-ZIP: MIAMI LAKES FL 33014
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: D
 NAME: KAPLAN, ELLEN
 STREET ADDRESS: 500 N.W. S. RIVER DR.
 CITY-ST-ZIP: PEMBROKE PINES FL 33024
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: ~~S~~
 NAME: STROY MARTIN, CHRISTINE
 STREET ADDRESS: 20363 NW 39TH CRT
 CITY-ST-ZIP: CORAL CITY FL 33055
 Delete

TITLE: S
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: D
 NAME: SALVER, ISSAC
 STREET ADDRESS: 1111 KANE CONCOURSE STE., #211
 CITY-ST-ZIP: BAY HARBOR FL 33154
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

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 I kept empowered.

SIGNATURE:

Sheri Kaplan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 305 891-2066

Date Daytime Phone #

CR2E037 (9/01)