

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005240

1. Entity Name

SOUTH DADE'S NEW DIRECTIONS FOR SOCIAL REFORM, I

Principal Place of Business

17802 SW 107 AVE.  
#5  
MIAMI FL 33157

Mailing Address

14457 SW 127 CT.  
MIAMI FL 33186

2. Principal Place of Business

17802 SW 107 Ave. #

Suite, Apt. #, etc.  
#5

City & State  
MIAMI, FL

Zip  
33157

Country  
U.S.

3. Mailing Address

19801 SW 110 CT. 1

Suite, Apt. #, etc.  
#811

City & State  
MIAMI, FL

Zip

Country

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90120 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0719030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNAIZ, IRMA L  
14457 SW 127TH CT  
MIAMI FL 33186

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME HERNAIZ, IRMA L  
STREET ADDRESS 14457 SW 127TH CT  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE CEO  
NAME HERNAIZ, RAFAEL A  
STREET ADDRESS 14457 S.W.127TH CT.  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE SD  
NAME OLIQUE, MYRTIS  
STREET ADDRESS 4525 SW 95 AVE.  
CITY-ST-ZIP MIAMI FL 33186

☒ Delete

TITLE TD  
NAME DREW, MORRIS  
STREET ADDRESS 3290 NW 47TH ST  
CITY-ST-ZIP MIAMI FL 33142

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2E037 (10/00)