NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N96000005752

1. Corporation Name

THE JOBS AND EDUCATION PARTNERSHIP REGIONAL BOAR D OF DADE AND MONROE COUNTIES (JEP) INCORPORATED

Principal Place of Business 3403 N.W. 82ND AVENUE SUITE 300

MIAMI FL 33122

Mailing Address

3403 N.W. 82ND AVENUE SUITE 300

MIAMI FL 33122

FILED Mar 03, 1999 8:00 am Secretary of State

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	8611) 881/1 881/1 9818	P MFOTO INDENT MODER EIND FOND
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2. Principal P	lace of Business	2a. N	failing Address				3. Date Incorporated or Qual 11/04/1996	ifed				
Suite, Apt.	# etc		luite, Apt. #, etc.				4. FEI Number			App	olied For	
22	, 444	27					NOT APPLICABLE			Not	Applicable	
City & Stat			City & State							\$8.75 A	dditional	
23 28 28						5. Certifcate of Status Desire	d K	٠.	Fee Re			
Žip	Country	z	ip	Countr	У		6. Election Campaign Finance	ing .		\$5.00	May Be	
24	25	29		30			Trust Fund Contribution			Added to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
						Name						
ALFANO, JOSEPH MR.					2	Street Addre:	ss (P.O. Box Number is Not Acc	ceptable)	<u> </u>			
	82ND AVENUE				7					,		
SUITE 300				8	3							
MIAMI FL				Ļ	1					Tool 7in C	·	
MIPMII FL	33122			8-	4	City			FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617	.1508, Florida Statute	s, the abo	ve-	named corpo	ration submits this statement for	the purpo	ose of c	hanging its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida	Such change was at	ithonzed D	v u	ne corporation	i's board of directors. I hereby a	ccept the	appoint	ment as reg	istered	
agent. i a	m ramiliar with, and accept the obligation	ins ui, şi	Bellon 617.0000, Flor	ida Statute	, J.			٠		,		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if an	onlicable (NOTE:	Registered Ag	ent	signatura required v	when reinstating)	D/	ATE			
12.	OFFICERS AND		·	13.			ADDITIONS/CHANGES TO	OFFICE	RS AND	DIRECTO	RS IN 12	
TITLE	DC		DELETE	1.1 TITLE	_		- · · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	IVORY, WILLIE MR			1.2 NAME						. ;		
	3403 N.W. 82ND AVE, STE 300					ADDRESS						
STREET ADORESS						Į.				•		
CITY-ST-ZIP	MIAMI FL 33122		□ DELETE	1.4 CITY- 2.1 TITLE		·ZIP				Change	Addition	
TITLE	DVC			1						<u> </u>	_	
NAME	CHI, JOE MR			2.2 NAME			and the second	٠	_			
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300					ADORESS 1					.	
CITY-ST-ZIP	MIAMI FL 33122		□ DELETE	2. 4 CITY		-ZiP				☐ Change	Addition	
TITLE	MVC		[] DELEIE	3,1 TITLE						C Cylighige		
NAME	WAITE, BRUCE DR			3,2 NAME								
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300					ADDRESS						
CITY-ST-ZIP	MIAMI FL		= ====	3.4, CITY		-ZIP				CT Change	C Addition	
TITLE	DS		□ DELETE	4.1 TITLE						Change	Addition	
NAME	VEGA, MANUEL MR			4. 2 NAM	Ε	•						
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300			4.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33122			4.4 CITY-	ST-	.ZiP				·		
TITLE	DT		☐ DELETE	5.1 TITLE			•			Change	Addition	
NAME	HALL, CYNTHIA MS.			5.2 NAME	Ξ							
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300			5.3 STRE	ET/	ADDRESS	•				. ,	
CITY-ST-ZIP	MIAMI FL 33122			5.4 CITY-		ZIP		* '				
TITLE			☐ DELETE	6.1 TITLE	•			-		Change	Addition	
NAME				6.2 NAME	Ē							
STREET ADDRESS				6.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP				6.4 CITY-	ST-	·ZIP						
0111-01-2IF			- dana wat avalific fac				ection 110 07/3\(i) Florida Statu	4 1 6		F. Al A Al In	farmation	

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 informatio indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Willie Ivory, Chairman

URE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 594-7615 Daytime Phone #

CR2E037 (11/98