

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002437

1. Entity Name

DOMESTIC VIOLENCE INTERVENTIONS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

18051 SW 11TH CT
PEMBROKE PINES FL 33029

18051 SW 11TH CT
PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



FILED

02 MAY 23 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0773247

Applied For

Not Applicable

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

DEARR, CRAIG R
TWO DATRAN, CENTER-SUITE 1609
9130 S. DADELAND BLVD.
MIAMI FL 33156

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	PD	<input type="checkbox"/> Delete
NAME	HUSSEIN, M M	
STREET ADDRESS	25 NW 43 TER	
CITY-ST-ZIP	PLANTATION FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOMER, V	
STREET ADDRESS	2000 CAMPBELTON RD SW 208	
CITY-ST-ZIP	ATLANTA GA. 33011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOCKS, ANTHONY 'FELIX'	
STREET ADDRESS	2495 AD BABA AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	B	<input type="checkbox"/> Delete
NAME	ARNOLD, ERICK-MICHEAL	
STREET ADDRESS	18051 SE 11TH CT	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mohamed, Hussein M.	
STREET ADDRESS	18051 SW 11th CT	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Homer Vern (Ilene)	
STREET ADDRESS	4020 Danford Rd #106	
CITY-ST-ZIP	Atlanta Ga. 30331	
TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Smith	
STREET ADDRESS	210 Seaman Avenue	
CITY-ST-ZIP	OPA-locka, FL 33054	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold, Erik-Michael	
STREET ADDRESS	18051 SW 11th CT.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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: *Therese Homer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Therese Homer 4-24-02 954-538-9821
Date Daytime Phone #

CR2E037 (9/01)