

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006830

1. Entity Name

FAMILY OF HUMANITY, INC.

Principal Place of Business

10300 S.W. 107TH STREET
MIAMI FL 33176
US

Mailing Address

10300 S.W. 107TH STREET
MIAMI FL 33176
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SOTORRIO, RENE A
770 PONCE DE LEON BLVD #215
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SAME change

Street Address (P.O. Box Number is Not Acceptable)

800 Douglas Road, Suite 219

City

Coral Gables, FL

FL

Zip Code

33134

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 D
NAME LEVINSON, ALAN ☐ Delete
STREET ADDRESS 9180 S.W. 203RD STREET
CITY-ST-ZIP MIAMI FL 33189

TITLE D
NAME REBHOLZ, SCOTT ☐ Delete
STREET ADDRESS 6120 TWIN LAKES DRIVE
CITY-ST-ZIP MIAMI FL 33143-2040

TITLE D
NAME ARDOLINO, CHRISTIE L ☐ Delete
STREET ADDRESS 533 MILLER RD.
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D
NAME PARRISH, JOLENE M ☐ Delete
STREET ADDRESS 10300 SW 107TH STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Reginaldo A. Hernandez ☐ Change ☒ Addition
NAME
STREET ADDRESS 6261 West Flagler St. #9
CITY-ST-ZIP MIAMI, FL 33144

TITLE LORETTA L. Brunetti ☐ Change ☒ Addition
NAME
STREET ADDRESS 3896 FARRAGUT ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

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

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

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

TITLE ☐ Change ☐ 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 JOLENE M. PARRISH / Joleene M. PARRISH, Pres. 6/4/01 305-595-5019

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90005 044 ****61.25

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DO NOT WRITE IN THIS SPACE

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