# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 10, 2002 8:00 am**
**Secretary of State**
05-10-2002 90040 011 ****61.25

DOCUMENT # N98000000365

1. Entity Name
ALL PEOPLE AT RISK

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6501 N.W. 17th Ave
Suite, Apt. #, etc.
Miami, Florida
City & State
33147 | Country U.S.A

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Joel E. Pratt
Street Address (P.O. Box Number is Not Acceptable):
20621 N.W. 22nd Court
City: Miami FL 33056

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 removing) DATE

FEE IS $61.25 Initial or Amended UBR

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

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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>DR. DELORES L. CULMER<br>6501 N.W. 17th Ave.<br>Miami, Fla. 33147 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Theresa Gradson<br>20760 N.W. Miami Court<br>Miami, Florida 33169 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>SHARON D. TROY<br>2335 N.W. 107 St.<br>Miami, Florida 33167 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Vanessa Mills<br>1441 N.W. 87 Terr.<br>Miami, Florida 33147 |
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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 607, Florida Statutes; and that my name appears in Block 10 or 11 above, with all other like empowered.

SIGNATURE: Dr. Delores L. Culmer Dr. DELORES L. CULMER 4/29/02 (305)696-7980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone