

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

7/21

07-21-2003 90357 039 \*\*\*\*61.25

**DOCUMENT # N98000000365**

1. Entity Name

**ALL PEOPLE AT RISK, INC.**



Principal Place of Business

6501 N.W. 17TH AVE.  
MIAMI FL 33147

Mailing Address

6501 N.W. 17TH AVE.  
MIAMI FL 33147

**55053124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0813112**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULMER, DELORES L**  
**6501 N.W. 17TH AVE.**  
**MIAMI FL 33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*DeLores L. Culmer* *07/30/03*

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	PRATT, LATANYA	<input checked="" type="checkbox"/> Delete
NAME		5155 NE 2ND COURT #2	<i>Delete also!</i>
STREET ADDRESS		MIAMI FL 33137	
CITY-ST-ZIP			
TITLE	RD	MILLS, VANESSA	<input checked="" type="checkbox"/> Delete
NAME		10033 NW 26 AVE.	<i>Delete</i>
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE	P	CULMER, DELORES L	<input type="checkbox"/> Delete
NAME		6501 NW 22ND COURT	
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE		TROY, SHARON	<input checked="" type="checkbox"/> Delete
NAME		2335 NW 107 STREET	<i>Delete also</i>
STREET ADDRESS		MIAMI FL 33182	
CITY-ST-ZIP			
TITLE	VP	ANDERSON, CLARENCE	<input checked="" type="checkbox"/> Delete
NAME		8500 NW 85TH STREET #55	<i>Delete</i>
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE		CED	<input type="checkbox"/> Delete
NAME		PRATT, JOEL E	
STREET ADDRESS		20821 NW 22ND COURT	
CITY-ST-ZIP		MIAMI FL 33056	

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*DeLores L. Culmer* *07/30/03* *(305) 644-1172*

CR2E037 (4/03)