

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002335

1. Entity Name

ON THE WAY OUTREACH PROGRAM, INC.

Principal Place of Business

13415 N.E. 2ND COURT
MIAMI FL 33161

Mailing Address

13415 N.E. 2ND COURT
MIAMI FL 33161-3972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0828647

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

CUFFY, GILBERT
13415 N.E. 2ND COURT
MIAMI FL 33161

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CUFFY, GILBERT
13415 N.E. 2ND COURT
MIAMI FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MATTHEW, PATRICIA
13415 N.E. 2ND COURT
MIAMI FL 33161

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ST. JOHN, KELVIN
13415 N.E. 2ND COURT
MIAMI FL 33161

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cuffy 3-13-2000 (305) 893-9441

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90064 030 ****61.25

00041671



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)