

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003898

1. Entity Name

COMMUNITY RESOURCE CONNECTIONS INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90053 001 ***350.00

Principal Place of Business

200 SE FIRST ST. SUITE 704
SUITE 704
MIAMI FL 33131

Mailing Address

200 SE FIRST ST. SUITE 704
SUITE 704
MIAMI FL 33131

21557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 SOUTH MIAMI AVENUE

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

SUITE 1150

Suite, Apt. #, etc.

THE CHANGE

City & State

MIAMI FLORIDA

City & State

4. FEI Number

91-1920704

Applied For

Not Applicable

Zip

33131

Country

FLORIDA

Zip

Country

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

PELLERIN, MARIA S

200 SE FIRST ST, SUITE 704/155 SOUTH MIAMI AVENUE
SUITE 1150
MIAMI FL 33131

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

JAN 3, 01

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
BELL, ED
1773 NW 79TH AVE
MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROSINEK, JEFF
1351 NW 12 ST, RM 308
MIAMI FL 3312

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
CASALE, FRANKLIN
16400 NW 32 AVENUE
MIAMI FL 33054

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
JACKSON, FRED
1 ALHAMBRA PLAZA
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLEMAN, JERRY
2136 NW 8TH AVE
MIAMI FL 33137

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
BROOKS, JERRY
506 PERUQUIA AVE
CORAL GABLES FL 33134

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

JAN 3, 01

305-371-8300

Date

Daytime Phone #

CR2E037 (10/00)