

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90022 050 ****70.00

DOCUMENT # N98000003898

1. Entity Name

COMMUNITY RESOURCE CONNECTIONS INC.

Principal Place of Business

Mailing Address

**155 S MIAMI AV
 SUITE 1150
 MIAMI FL 33131**

**155 S MIAMI AV
 SUITE 1150
 MIAMI FL 33131**

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

91-1920704

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

**PELLERIN, MARIA S
 1155 SOUTH MIAMI AV
 SUITE 1150
 MIAMI FL 33131**

Name **MARIA PELLERIN - BARCUS**
 Street Address (P.O. Box Number is Not Acceptable)
1155 SOUTH MIAMI AVENUE
SUITE 1150
 City **MIAMI** FL Zip Code **33131**

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 ☒ Delete
 NAME **PD BELL, ED**
 STREET ADDRESS **1773 NW 79TH AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☒ Addition
 NAME **VD LINDA S. QUICK**
 STREET ADDRESS **6363 TAFT STREET SUITE 200**
 CITY-ST-ZIP **HOLLYWOOD FLORIDA 33024**

TITLE ☐ Delete
 NAME **SD CASALE, FRANKLIN**
 STREET ADDRESS **16400 NW 32 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33054**

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

TITLE ☐ Delete
 NAME **VD JACKSON, FRED**
 STREET ADDRESS **1 ALHAMBRA PLAZA**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME **CD FREDERICK JACKSON**
 STREET ADDRESS **1 ALHAMBRA PLAZA 8TH FLOOR**
 CITY-ST-ZIP **CORAL GABLES FLORIDA 33134**

TITLE ☐ Delete
 NAME **ED PELLERIN, MARIA**
 STREET ADDRESS **155 S MIAMI AV SUITE 1150**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
 NAME **PD MARIA PELLERIN - BARCUS**
 STREET ADDRESS **155 SOUTH MIAMI AVENUE SUITE 1150**
 CITY-ST-ZIP **MIAMI FLORIDA 33131**

TITLE ☐ Delete
 NAME **TD RAMON, GONZALO DE**
 STREET ADDRESS **701 BRICKELL AV**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

(305) 371-8300

CR2E037 (9/01)