

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90246 021 \*\*\*\*70.00

**DOCUMENT # N98000003898**

1. Entity Name  
**COMMUNITY RESOURCE CONNECTIONS INC.**



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**1-28-03**

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

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

TITLE **VD** ☐ Delete  
NAME **QUICK, LINDA S**  
STREET ADDRESS **6383 TAFT STREET, SUITE 200**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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

Date

Daytime Phone #

**1-28-03**

CH2E037 (10/02)