

# 2000 UNIFORM BUSINESS REPORT (UBR)

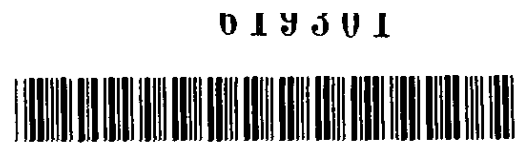
**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
 03-02-2000 90083 050 \*\*\*\*70.00

**DOCUMENT # N98000004153**

1. Entity Name  
**NEXT STEP COMMUNITY DEVELOPMENT CORPORATION, INC**

Principal Place of Business      Mailing Address  
**134 NORTH KROME AVE**      **134 NORTH KROME AVE**  
**HOMESTEAD FL 33030**      **HOMESTEAD FL 33030-6017**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0851417**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**DEL PILAR, DORIS**  
**134 NORTH KROME AVE**  
**HOMESTEAD FL 33030**  
 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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**SEE 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	<del>PD</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LOUDIN, LAURIE</del>	NAME	
STREET ADDRESS	<del>21430 SW 240TH ST</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL 33031</del>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL PILAR, DORIS	NAME	
STREET ADDRESS	21450 SW 240TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33031	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, JANE	NAME	
STREET ADDRESS	21450 SW 240TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33031	CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSIEHAZEN, JUDY	NAME	President/Director
STREET ADDRESS	141 NE 14TH ST	STREET ADDRESS	MARSIE-HAZEN, JUDY
CITY-ST-ZIP	HOMESTEAD FL 33130	CITY-ST-ZIP	141 NE 14 ST Homestead, FL 33030
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENK, JAMES	NAME	
STREET ADDRESS	141 NE 14TH ST	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33130	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	Karin Gerardino
CITY-ST-ZIP		CITY-ST-ZIP	5825 Collins Ave Apt 7A Miami Beach, FL 33140

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 OF JUDY MARSIEHAZEN JUDY MARSIEHAZEN 2/18/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone (205) 334-0964

CR2E037 (9/99)