

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90138 037 ****61.25

DOCUMENT # N98000006389

1. Entity Name

OPERATIONS REACH OUT ACROSS MIAMI, INC.

Principal Place of Business

Mailing Address

1956 NW 183RD STREET
 MIAMI FL 33056

1956 NW 183RD STREET
 MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0882734

Applied For

Not Applicable

Zip

Country

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

FRANCIS, JAMES N
1956 NW 183RD STREET
MIAMI FL 33056

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 ☐ Delete
 NAME BSVD
 STREET ADDRESS BEISEL, KATHLEEN
 CITY-ST-ZIP 8720 SHERMAN CIRCLE NORTH BLDG 1 # 106
 MIRAMAR FL 33025

TITLE ☐ Change ☒ Addition
 NAME AUDRIAH McLEAN
 STREET ADDRESS 5243 ALTON RD
 CITY-ST-ZIP MIAMI BEACH 33140

TITLE ☐ Delete
 NAME EDRA
 STREET ADDRESS COCKIN, STEPHEN
 CITY-ST-ZIP 311 NW 201 AVE
 PEMBROKE PINES FL 33029

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

TITLE ☐ Delete
 NAME DA
 STREET ADDRESS JOHNSON, SYDNEY
 CITY-ST-ZIP 5213 SW 118TH AVE
 COOPER CITY FL 33330

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS GRANT, INEZ
 CITY-ST-ZIP 15837 WAVERLEY MANOR
 DAVIE FL 33331

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

TITLE ☐ Delete
 NAME SCS
 STREET ADDRESS CHRISTIE, MARLANDO
 CITY-ST-ZIP 1190 NE 163RD STREET
 N. MIAMI BEACH FL 33162

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

TITLE ☐ Delete
 NAME PDCE
 STREET ADDRESS FRANCIS, JAMES N
 CITY-ST-ZIP 19700 NE 22ND AVENUE
 NORTH MIAMI BEACH FL 33180

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 Required

4/2/02 305621-0002

CR2E037 (9/01)