

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90440 023 \*\*\*\*61.25

**DOCUMENT # N98000006389**

1. Entity Name

**OPERATIONS REACH OUT ACROSS MIAMI, INC.**



Principal Place of Business

**1956 NW 183RD STREET  
MIAMI FL 33056**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0882734**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**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 **BSVD** ☐ Delete  
NAME **BEISEL, KATHLEEN**  
STREET ADDRESS **8720 SHERMAN AVE N #106**  
CITY-ST-ZIP **MIRAMAR FL 33025**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BSVD** ☒ Change ☐ Addition  
NAME **BEISEL, KATHLEEN**  
STREET ADDRESS **10315 SW 20th Street**  
CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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:

**KATHLEEN BEISEL**  
**SKATHEE BEISEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**  
Date

**305-621-0002**  
Daytime Phone #

CR2E037 (10/02)