

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006523

1. Entity Name

FATHERS FOR EQUAL RIGHTS, THE NATIONAL ORGANIZATION

Principal Place of Business

9533 N.E. 2ND AVE.
MIAMI SHORES FL 33138

Mailing Address

9533 N.E. 2ND AVE.
MIAMI SHORES FL 33138

2. Principal Place of Business

5901 N.W. 151 ST.

3. Mailing Address

SAME

City & State

MIAMI, FL

City & State

Zip

33014

Country

USA

Country

4. FEI Number

65-0876157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUIKEN, JON W.F.
9533 N.E. 2ND AVE.
MIAMI SHORES FL 33138

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

Jon W.F. Kuiken JON W.F. KUIKEN

1/23/2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUIKEN, JON W 589 LA VILLA DR MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUIKEN, ROSA M 10035 NW 44 TERR- #107 MIAMI FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUIKEN, JOHN D 10035 NW 44 TERR 107 MIAMI FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE LAVIN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSE LAVIN 9708 HAMMOCKS BULD # 204 MIAMI, FL. 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAM ROSS 5901 N.W. 151 ST. STE 210 MIAMI LAKES, FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, trustee, or other person authorized 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 another like empowered person.

SIGNATURE:

Jon W.F. Kuiken JON W.F. KUIKEN

Date

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91333 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)