

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002702**

1. Entity Name

COMMUNITY RESOURCE CENTERS OF FLORIDA, INC.**FILED****May 30, 2000 8:00 am**
Secretary of State

05-30-2000 90017 001 ****61.25

05-30-2000 90017 002 ****8.75

Principal Place of Business

Mailing Address

9018 SW 150 AVE
MIAMI FL 33196**9018 SW 150 AVE**
MIAMI FL 33196-1342

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****ALTINE, EDDY**
9018 SW 150 AVE
MIAMI FL 33196

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D/P/C/M
EDDY ALTINE
9018 S.W. 150 Ave
MIAMI, FL 33196TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
V/D
MICHELLE Y. BOWEN
4200 Summerlanding Dr # 205
Lakeland, FL 33810TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
T/S/D
MARIA L. LOPEZ
11965 SW 268 Terrace
Homestead, FL 33032TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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**
EDDY ALTINE

Date

5/22/00

Daytime Phone #

305-968-2019

CR2E037 (9/99)