

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90083 009 ****61.25

DOCUMENT # N99000007036

1. Entity Name

MARRIAGE AND FAMILY ENRICHMENT CENTER, INC.



Principal Place of Business

**17100 SW 93 AVE.
MIAMI FL 33157**

Mailing Address

**17100 SW 93 AVE.
MIAMI FL 33157**

2. Principal Place of Business

3954 NW 182 LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Zip

33157

Country

US

Country

4. FEI Number **65-0386187**

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

**GOOSBY, JAMES
17100 SW 93 AVE.
MIAMI FL 33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Goosby **James Goosby**

(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 ☐ Delete
NAME **PD**
STREET ADDRESS **GOOSBY, JAMES**
CITY-ST-ZIP **17100 SW 93 AVE.
MIAMI FL 33157**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GOOSBY, JAMES**
CITY-ST-ZIP **17100 SW 93 AVE
MIAMI FL 33157**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **GOOSBY, JAMES**
CITY-ST-ZIP **17100 SW 93 AVE
MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Keith Simmons**
CITY-ST-ZIP **17100 SW 93 AVE
MIAMI, FL 33157**

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

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:

James Goosby **James Goosby**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

1-03-03 305621-9877

CR2E037 (10/02)