

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90192 014 \*\*\*150.00

**DOCUMENT # P01000075614**

1. Entity Name  
**FAMILIES IN NEED OF DIRECTION INC.**



Principal Place of Business  
**6025 SW 24 ST  
MIAMI FL 33155**

Mailing Address  
**6025 SW 24 ST  
MIAMI FL 33155**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**7425 SW 34 Terr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7425 SW 34 Terr.**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami**

4. FEI Number **65-1132785**

Applied For  
Not Applicable

Zip **33155** Country **USA**

Zip **FL** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCBRIDE, SILVIA A  
6025 SW 24 ST  
MIAMI FL 33155**

**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 *Silvia A. McBride*  
Signature, typed or printed name of registered agent and title if applicable.

1/23/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make/Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PVST** ☐ Delete  
NAME **MCBRIDE, SILVIA A**  
STREET ADDRESS **6025 SW 24 ST**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **D** ☐ Delete  
NAME **MCBRIDE, SILVIA A**  
STREET ADDRESS **6025 SW 24 ST**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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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 607, 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: *Silvia A. McBride*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 305-753-9316  
Date Daytime Phone #

CR2E034 (10/02)