2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731483

1. Entity Name

NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERV

Principal Place of Business 620 N.E. 127 STREET NORTH MIAMI FL 33161

2. Principal Place of Business

Mailing Address

3. Mailing Address

620 N.E. 127 STREET NORTH MIAMI FL 33161-4825

Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1582766 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KLEINBERG, DEBBIE 620 N.E. 127 STREET NORTH MIAMI FL 33161 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition PD 🗶 Delete TITLE TITLE President LASH, LEWIS DR. NAME Betty Knight, c/o Paperwork Assistance STREET ADDRESS STREET ADDRESS 11300 N.E. 2 AVE. 9301 NE 6 Ave, Miami Shores, FL 33138 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME CONNOLLY, MICHAEL P STREET ADDRESS STREET ADDRESS 11300 NE 2ND AVE. CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL Secretary Addition TITLE SD Delete Stephen Stepp c/o NMPD COBO, BLANCA NAME 700 NE 124 Street, NM, FL 33161 STREET ADDRESS STREET ADDRESS 13490 NW 7 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33168 Treasurer TITLE Delete TITLE Sanford King NAME NAME LASCH, RICHARD STREET ADDRESS 18441 NW 2nd Avenue, MI, FL 33169 STREET ADDRESS 9301 N.E. 6 AVE., A-100 CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL Delete TITLE Director ☐ Change NAME NAME ABELL, GWEN Jeffrey Charnick STREET ADDRESS STREET ADDRESS 13400 BISCAYNE BLVD. 9101 E. Bay Harbor Dr, #705 CITY-ST-ZIP CITY-ST-ZIP N. MIAMI FL Bay Harbor Island, FL 33154 ☐ Change ☐ Addition 31111 TITLE ☐ Defete Dimedian GRAY, SUSAN DR. NAME NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

11300 N.E. 2 AVE.

MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

FILED

Secretary of State

03-29-2000 90001 037 ****70.00

Mar 29, 2000 8:00 am