

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 731483

FILED
Feb 07, 2003
Secretary of State

Entity Name: NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERVICES, INC.

Current Principal Place of Business:

620 N.E. 127 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

620 N.E. 127 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 59-1582766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLEINBERG, DEBBIE
620 N.E. 127 STREET
NORTH MIAMI, FL 33161

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDEARMAID, MICHAEL
Address: 3990 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL US

Title: VD () Delete
Name: STEPP, STEPHEN CHIEF
Address: 700 NE 124 STREET
City-St-Zip: N MIAMI, FL 33161 US

Title: SD () Delete
Name: COBO, BLANCA
Address: 13490 NW 7 AVENUE
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: KING, SANFORD
Address: 18441 NW 2ND AVENUE, #219
City-St-Zip: MIAMI, FL 33169 US

Title: D () Delete
Name: ABELL, GWEN
Address: 13400 BISCAYNE BLVD.
City-St-Zip: N. MIAMI, FL 33181 US

Title: D () Delete
Name: CHARNICK, JEFFREY
Address: 9101 E. BAY HARBOR DRIVE, #705
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEYES, CAROL F
Address: 12700 BISCAYNE BLVD., SUITE 401
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANCA COBO

SD

02/07/2003

Electronic Signature of Signing Officer or Director

Date