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# May 21 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 771097 (3)**

1. Corporation Name

**UNIVERSITY OF PENNSYLVANIA DADE ALUMNI CLUB, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~201 ALHAMBRA CIR #1200~~ ~~MIAMI FL 33134~~ | ~~201 ALHAMBRA CIR #1200~~ ~~MIAMI FL 33134~~ |
| 100 S.E. 2nd Street #2800 Miami, FL 33131 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 St: 1800 N.E. 114 ST | 1800 N.E. 114 ST |
| 22 Ci: #804 SUITE | # 804 SUITE |
| 23 Zi: MIAMI, FLA 33181 | MIAMI, FLA 33181 |
| 24 | |

3. Date Incorporated or Qualified: 11/04/1983

4. FEI Number: 59-2358668 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRIEND, BROOKE, & GORDON, P.A. | 81 HARVEY WEIDENFELD |
| ~~201 ALHAMBRA CIRCLE, SUITE 1200~~ | 82 1800 N.E. 114 ST. [redacted] |
| ~~MIAMI FL 33134~~ | 83 # 804 SUITE |
| | 84 MIAMI, FLA 33181 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Harvey M Weidenfeld ~~Agent~~ DATE 5/14/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

HARVEY WEIDENFELD

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☒ DELETE | 1.1 TITLE | DIRECTOR (D) | ☐ Change ☒ Addition |
| NAME | ORLIN, KAREN J., ESQ. | | 1.2 NAME | ELSIE HOWARD | |
| STREET ADDRESS | 17801 N.W. 2ND AVENUE | | 1.3 STREET ADDRESS | 4825 LAKE VIEW DRIVE | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | MIAMI Beach, FL 33140 | |
| TITLE | PD | ☒ DELETE | 2.1 TITLE | PRESIDENT & DIRECTOR (D) | ☐ Change ☒ Addition |
| NAME | MILLER, ALAN C.P.A | | 2.2 NAME | JAY LEWIS | |
| STREET ADDRESS | 1800 N.E. 171ST ST. | | 2.3 STREET ADDRESS | 9500 S. DADELAND BLVD (#704) | |
| CITY-ST-ZIP | N. MIAMI BCH FL | | 2.4 CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | VPD | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HARVEY WEIDENFELD | | 3.2 NAME | | |
| STREET ADDRESS | 1800 NE 114 ST #804 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VP | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BERKOWITZ, PAUL | | 4.2 NAME | | |
| STREET ADDRESS | 1221 BRICKELL AVENUE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 4.4 CITY-ST-ZIP | | |
| TITLE | VP | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CANTOR, STEVEN L. | | 5.2 NAME | | |
| STREET ADDRESS | ONE BISCAYNE TOWER #3750 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 5.4 CITY-ST-ZIP | | |
| TITLE | T | ☒ DELETE | 6.1 TITLE | TREASURER & DIRECTOR (D) | ☒ Change ☐ Addition |
| NAME | JOSHUA GORDON | | 6.2 NAME | Harvey Weidenfeld | |
| STREET ADDRESS | 3601 NE 207 ST #1210 | | 6.3 STREET ADDRESS | 1800 N.E. 114th St. (#804) | |
| CITY-ST-ZIP | AVENTURA FL | | 6.4 CITY-ST-ZIP | MIAMI FL 33181 | |

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Harvey M Weidenfeld DIRECTOR 3/26/97 305895 3533