

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90174 007 ****61.25

DOCUMENT # N02000004689

1. Entity Name
**CROSS-DISABILITY TRANSPORTATION ISSUES COMMITTEE
, INC.**



Principal Place of Business

**260 NE 17TH TERRACE
SUITE 200
MIAMI FL 33132
US**

Mailing Address

**260 NE 17TH TERRACE
SUITE 200
MIAMI FL 33132
US**

2. Principal Place of Business

5555 Biscayne Blvd

3. Mailing Address

5555 Biscayne Blvd

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

37-1434255

Applied For

Not Applicable

Zip

Country

33137 USA

Zip

Country

33137 US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MARCO, M. RAY
11211 SW 102 AVE.
MIAMI FL 33176**

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

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 **D** ☐ Delete
NAME **MCNALLY, ELIZABETH**
STREET ADDRESS **1398 NE 182 ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete
NAME **CHURCH, THOMAS**
STREET ADDRESS **350 TOTOLOCHEE DRIVE**
CITY-ST-ZIP **HALEAH FL 33010**

TITLE **D** ☒ Delete
NAME **DICEY, ALAN**
STREET ADDRESS **10850 SW 88TH ST., APT. 412**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete
NAME **GREGORY, DAMIAN**
STREET ADDRESS **11342 SW 163 ST.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **KIMBLE, ANN**
STREET ADDRESS **3150 MUNDY ST., APT. 106**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete
NAME **LIBMAN, LAWRENCE**
STREET ADDRESS **280 SIERRA DRIVE**
CITY-ST-ZIP **MIAMI FL 33179**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **McNally, Elizabeth** ☒ Change ☐ Addition
NAME **1960 NE 185 TERR**
STREET ADDRESS **N. MIAMI BEACH FL 33179**
CITY-ST-ZIP **VP**

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

TITLE **Kimble, ANN** ☒ Change ☐ Addition
NAME **1398 NE 182 ST**
STREET ADDRESS **No. MIAMI BEACH FL 33162**
CITY-ST-ZIP **S**

TITLE **S** ☐ 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:

SIGNATURE REQUIRED

4/20/03

305-788-7740

CR2E037 (10/02)