

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90136 031 ****70.00

DOCUMENT # N28414

1. Entity Name
ALLIANCE FOR AGING, INC.



Principal Place of Business
**9600 S. DADELAND BLVD.
SUITE 400
MIAMI FL 33156**

Mailing Address
**9600 S. DADELAND BLVD.
SUITE 400
MIAMI FL 33156**

60013220



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0101947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEISBERG, STEVEN
9500 SOUTH DADELAND BLVD.
SUITE 400
MIAMI FL 33156**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE CD	NAME URRA, MARTIN W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7910 NW 26 STREET #301	CITY-ST-ZIP MIAMI FL 33122	
TITLE VD	NAME WYCHE, FREEMAN T DR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1206 NW 67 ST	CITY-ST-ZIP MIAMI FL 33147-7107	
TITLE PD	NAME WEISBERG, STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS 9500 S DADELAND BLVD SUITE 400	CITY-ST-ZIP MIAMI FL 33156	
TITLE SD	NAME BIKOFSKY, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS 1123 CALLE ENSENADA	CITY-ST-ZIP MARATHON FL 33050	
TITLE TD	NAME DURRE, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4675 PONCE DE LEON BLVD STE 302	CITY-ST-ZIP CORAL GABLES FL 33146	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD	NAME WYCHE, FREEMAN T DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1206 NW 67 ST	CITY-ST-ZIP MIAMI FL 33147-7107	
TITLE VD	NAME CONNOR, OLGA A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8175 NW 12 ST	CITY-ST-ZIP MIAMI FL 33120	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME ARAZOZA, CARLOS F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2100 SANZÉDO, STE 300	CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**

2-21-03 305 670.6500

CR2E037 (10/02)