

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90079 020 ****61.25

DOCUMENT # N97000006332

1: Corporation Name

**CONCERNED MATRIMONIAL LAWYERS OF DADE COUNTY, IN
C.**

Principal Place of Business

**328 MINORCA AVE.
CORAL GABLES FL 33134**

Mailing Address

**328 MINORCA AVE.
CORAL GABLES FL 33134**



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

11/10/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0802424

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERLIN, ROBERT J
328 MINORCA AVE.
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MERLIN, ROBERT J**
CITY-ST-ZIP **328 MINORCA AVE.
CORAL GABLES FL 33134**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **BLUMBERG, MARILYN**
1.4 CITY-ST-ZIP **44 West Flagler St. Suite 2100
Miami, Florida 33130**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BLUMBERG, MARILYN**
CITY-ST-ZIP **44 W. FLAGLER ST., SUITE 2100
MIAMI FL 33130**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **MERLIN, ROBERT J.**
2.4 CITY-ST-ZIP **328 Minorca Avenue
Coral Gables, Florida 33134**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HERTZ, CHRISTY L**
CITY-ST-ZIP **9130 S. DADELAND BLVD., SUITE 1225
MIAMI FL 33156**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **328 Minorca Avenue**
3.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **PVAR, MICHELLE**
CITY-ST-ZIP **6401 SW 87TH AVE.
MIAMI FL 33173**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SD**
4.3 STREET ADDRESS **DEMPSEY, PATRICIA**
4.4 CITY-ST-ZIP **201 S. Biscayne Blvd., Suite 3250
Miami, Florida 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)