

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

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

04-28-2003 90962 005 ****61.25

DOCUMENT # 702550

1. Entity Name
WERTHEIM FLAGLER GABLES BENEVOLENT ASSOCIATION, INC.



Principal Place of Business
**5049 SW 71 PLACE
MIAMI FL 33155**

Mailing Address
**5049 SW 71 PLACE
MIAMI FL 33155**

11020996



2. Principal Place of Business
8500 SW 92 Street

3. Mailing Address
8500 SW 92 Street

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.
Suite 106

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **59-0815805**

Applied For
 Not Applicable

Zip
33156

Country

Zip
33156

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, NATHAN
7328 SW 48TH ST
MIAMI FL 33155**

Name
Philip L. Collier

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

8500 SW 92 Street, Suite 106

City **Miami**

FL

Zip Code
33156

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLIER, PHILIP L	
STREET ADDRESS	8500 SW 92 ST #106	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRISAND, PHILIP	
STREET ADDRESS	3020 SW 62ND COURT	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINBERG, BERNARD	
STREET ADDRESS	13707 SW 66 ST #405C	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	FSD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, NATHAN	
STREET ADDRESS	5049 SW 71 PL	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Morris	
STREET ADDRESS	17901 SW 89 Court	
CITY-ST-ZIP	Miami, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Philip L. Collier

4/10/03

305-279-9200

CR2E037 (10/02)