

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90083 019 ****61.25

DOCUMENT # 708828

1. Entity Name

**THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLO
RIDA, INC.**

Principal Place of Business

Mailing Address

**5555 BISCAYNE BLVD
MIAMI FL 33137
US****5555 BISCAYNE BLVD
MIAMI FL 33137
US**

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

59-0839562

Applied For

Not Applicable

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

**MESSER, MICHAEL E
5555 BISCAYNE BLVD
MIAMI FL 33137**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------------------------|--------------------|----------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| | PPD | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | REED, BEN | 5555 BISCAYNE BLVD | MIAMI FL 33137 | | | | | | | |
| | 1VPD | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | KIRSH, WILLIAM | 5555 BISCAYNE BLVD | MIAMI FL 33137 | | | | | | | |
| | PD | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | SALAZAR-REALINI, HELEN | 5555 BISCAYNE BLVD | MIAMI FL 33137 | | | | | | | |
| | STD | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | WIENER, LARRY | 5555 BISCAYNE BLVD | MIAMI FL 33137 | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |

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: *Michael E Messer* 1/9/02 305-759-8500

CR2E037 (9/01)