

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

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 043 ****61.25

0007825

DOCUMENT # 710813

1. Entity Name

FRIENDS OF RETARDED OF DADE, INC.



Principal Place of Business

**C/O ELEANOR WALDMAN
1919 BAY DRIVE
MIAMI BEACH FL 33141**

Mailing Address

**C/O ELEANOR WALDMAN
1919 BAY DRIVE
MIAMI BEACH FL 33141**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

C/O CATHERINE SUERSKY

3. Mailing Address

C/O CATHERINE SUERSKY

Suite, Apt. #, etc.

5660 COLLINS AVE., #4A

Suite, Apt. #, etc.

5660 COLLINS AVE., #4A

City & State

MIAMI BEACH, FLA

City & State

MIAMI BEACH, FLA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALDMAN, ELEANOR
1919 BAY DRIVE
#51
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name

CATHERINE SUERSKY

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

5660 COLLINS AVE., #4A

City

MIAMI BEACH

FL

Zip Code

33140

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

Catherine Suersky

9-1-2003

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
After September 10, 2003, min will be \$236.25

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 **SD** ☐ Delete
NAME **WALDMAN, ELEANOR**
STREET ADDRESS **1919 BAY DRIVE**
CITY-ST-ZIP **MIAMI BCH FL 33141**

TITLE **SD** ☐ Delete
NAME **SUERSKY, CATHERINE**
STREET ADDRESS **5660 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE **SD** ☐ Delete
NAME **PATERSON, MARLENE**
STREET ADDRESS **1880 S TREASURE DRIVE**
CITY-ST-ZIP **N BAY VILLAGE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
NAME **WALDMAN, ELEANOR**
STREET ADDRESS **5100 NE 2ND AVE, #610**
CITY-ST-ZIP **MIAMI, FLA. 33137**

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

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

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

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

TITLE ☐ 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:

Catherine Suersky

9-1-03 (305) 866-6280

CR2E037 (4/03)