

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90118 046 \*\*\*\*61.25

**DOCUMENT # 711491**

1. Entity Name

**NORTH DADE CENTER, INC.**

Principal Place of Business

4481 N W 167 ST  
 OPALOCKA FL 33055-4311

Mailing Address

4481 N W 167 ST  
 OPALOCKA FL 33055-4311

20949

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

59-1149262

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

FRIEDMAN, EVELYN  
 4481 N.W. 167TH ST.  
 OPA LOCKA FL 33054

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, EVELYN	
STREET ADDRESS	3010 MARCOS DR. - R BLDG	
CITY-ST-ZIP	N. MIAMI BCH. FL	Treasurer
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLEMAN, RUTH	
STREET ADDRESS	3750 NE 170TH ST. E402	
CITY-ST-ZIP	N. MIAMI BCH. FL	1st Vice President
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLUNDERMAN, RICHARD	
STREET ADDRESS	201 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENKIN, BEA	
STREET ADDRESS	3030 MARLUS DRIVE	
CITY-ST-ZIP	N. MIAMI BCH. FL	Secretary
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHANFELD, PAULINE	
STREET ADDRESS	3750 N.E. 170TH ST	
CITY-ST-ZIP	N. MIAMI BEACH FL	President
TITLE		<input type="checkbox"/> Delete
NAME	Board member	
STREET ADDRESS	3725 NE 169th St B205	
CITY-ST-ZIP	N. Miami Beach, 33160	member

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 - 305-625-5335

Date

Daytime Phone #

CR2E037 (9/01)