2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am DOCUMENT # **714329 Secretary of State** 02-18-2002 90160 013 ****70.00 EASTER SEALS MIAMI-DADE, INC. Principal Place of Business Mailing Address 1475 N W 14TH AVENUE 1475 N W 14TH AVENUE MIAMI FL 33125-1616 MIAMI FL 33125-1616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0722783 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BORNSTEIN, JOAN L PHD 1475 NW 14TH AVE **MIAMI FL 33125** Zip Code City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/04) TITLE CD ☐ Delete TITLE Change ☐ Addition NAME ROSSMAN, STEPHEN F NAME STREET ADDRESS 5340 BANYAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** TITLE Delete Change ☐ Addition NAME SILVERMAN, DR BARRY J MD STREET ADDRESS STREET ADDRESS 19553 NE 37TH AVE CITY-ST-7IP CITY-ST-ZIP N MIAMI BEACH FL 33180 TITLE Delete TITLE ☐ Change ☐ Addition PECKINS, DAVIDM NAME NAME STREET ADDRESS 3050 BISCAYNE BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33137 X Change ☑ Delete TITLE TITLE ☐ Addition Habib, Steven 1 Gnove Isle Dn.Apt#303 Miami, Fl 33/33 HANDFIELD, LARRY NAME NAME STREET ADDRESS 1730 N.E. 197 TERR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33162 TITLE ☐ Delete TITLE Change ☐ Addition SESSIONS, MRS ELLEN NAME NAME STREET ADDRESS 1230 MENDAVIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GALLAGHER. ROBERT E JR NAME NAME STREET ADDRESS 4320 Santa Maria STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146

FILED

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 agrees, with all other like empowered.

SIGNATURE:

SIGNATURE:

SOUTH STATES

1-28-07

SY174757