

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 048 ****61.25

DOCUMENT # 723807

1. Entity Name

**HUMANE SOCIETY OF GREATER MIAMI AND DADE COUNTY
SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS**



Principal Place of Business

**2101 N.W. 95 STREET
MIAMI FL 33147**

Mailing Address

**2101 N.W. 95 STREET
MIAMI FL 33147**

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 **59-0711176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GROSMAN, MICHELLE
2101 NW 95TH STREET
MIAMI FL 33147**

7. Name and Address of New Registered Agent

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. 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

T
TITLE NAME **BRUNN, ROBERT S** ☐ Delete
STREET ADDRESS **200 W RIVO ALTO DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

D
TITLE NAME **FINE, JEANETTE** ☐ Delete
STREET ADDRESS **12805 BISCAYNE BAY DRIVE**
CITY-ST-ZIP **N. MIAMI FL 33181**

D
TITLE NAME **GOLDEN, YVONNE** ☐ Delete
STREET ADDRESS **8137 SW 87TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33143**

P
TITLE NAME **GROSMAN, MICHELLE** ☐ Delete
STREET ADDRESS **13005 BISCAYNE BAY DRIVE**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

S
TITLE NAME **GOODMAN, PHIL** ☐ Delete
STREET ADDRESS **1470 NE 123RD STREET #408**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

VP
TITLE NAME **HUDSON, ROBERT** ☐ Delete
STREET ADDRESS **455 CORAL WAY**
CITY-ST-ZIP **CORAL GABLES FL 33134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

JOHN WENZEL FINANCIAL DIRECTOR 3/31/03 305-696-0806 X123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)