

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731483

1. Entity Name

NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERVICES, INC.

Principal Place of Business

620 N.E. 127 STREET  
NORTH MIAMI FL 33161

Mailing Address

620 N.E. 127 STREET  
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1582766

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KLEINBERG, DEBBIE  
620 N.E. 127 STREET  
NORTH MIAMI FL 33161

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

1/10/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MCDEARMAID, MICHAEL  
STREET ADDRESS 3990 SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE VD  
NAME STEPP, STEPHEN CHIEF  
STREET ADDRESS 700 NE 124 STREET  
CITY-ST-ZIP N MIAMI FL 33161 ☐ Delete

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

TITLE SD  
NAME COBO, BLANCA  
STREET ADDRESS 13490 NW 7 AVENUE  
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

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

TITLE TD  
NAME KING, SANFORD  
STREET ADDRESS 18441 NW 2ND AVENUE, #219  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

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

TITLE D  
NAME ABELL, GWEN  
STREET ADDRESS 13400 BISCAYNE BLVD.  
CITY-ST-ZIP N. MIAMI FL 33181 ☐ Delete

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

TITLE D  
NAME CHARNICK, JEFFREY  
STREET ADDRESS 9101 E. BAY HARBOR DRIVE, #705  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 ☐ Delete

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:

Signature of Blanca M. Cobo 1/10/02 (305)

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE