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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731769 (6)

1. Corporation Name

CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC



Principal Place of Business

Mailing Address

251 174TH STREET
#1704
SUNNY ISLES FL 33160

251 174TH STREET
#1704
SUNNY ISLES FL 33160-3366

3. Date Incorporated or Qualified
01/31/1975

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMSON, DAVID
251 174TH STREET
#1704
SUNNY ISLES FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE
NAME STEINER, RUBIN
STREET ADDRESS 20301 NORTH COUNTRY CLUB DRIVE
CITY-ST-ZIP AVENTURA FL

1.1 TITLE Sec.
1.2 NAME EDITH MANNING
1.3 STREET ADDRESS 17560 ATLANTIC BLVD
1.4 CITY-ST-ZIP SUNNY ISLES FL 33160 ☐ Change ☒ Addition

TITLE P ☐ DELETE
NAME SAMSON, DAVE
STREET ADDRESS 251-174 STREET
CITY-ST-ZIP N. MIAMI BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ DELETE
NAME SCHECTMAN, IRVING
STREET ADDRESS 250-174 ST
CITY-ST-ZIP N. MIAMI BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE FSD ☒ DELETE
NAME BALSAM, MICKEY
STREET ADDRESS 19370 COLLINS AVE
CITY-ST-ZIP NORTH MIAMI BCH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MANNING, MARVIN
STREET ADDRESS 17560 ATLANTIC BLVD
CITY-ST-ZIP SUNNY ISLES FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TP ☐ DELETE
NAME AZZATIO, ANTHONY
STREET ADDRESS 200-177TH DRIVE
CITY-ST-ZIP SUNNY ISLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID SAMSON, PRES 2/13/97 9370800
DAVID SAMSON, PRES 2/13/97 9370800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001548

CR2E037 (9/96)