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Jan 28, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731769

1. Corporation Name

CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC

Principal Place of Business

2750 NE 183 ST  
APT 1704  
AVENTURA FL 33160  
US

Mailing Address

2750 NE 183 ST  
APT T 1704  
AVENTURA FL 33160  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/31/1975

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GELLER, L  
2750 NE 183 ST  
T 1704  
AVENTURA FL 33160

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME DIAMOND, I M  
STREET ADDRESS 251 174TH ST APT 214  
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE PD ☐ DELETE

NAME GELLER, L  
STREET ADDRESS 2750 NE 183 ST  
CITY-ST-ZIP AVENTURA FL 33160

TITLE VPD ☐ DELETE

NAME SCHENGRUND, E  
STREET ADDRESS 2750 NE 183 ST  
CITY-ST-ZIP AVENTURA FL 33160

TITLE VPD ☐ DELETE

NAME SHANE, S J  
STREET ADDRESS 3550 NE 169 ST  
CITY-ST-ZIP N MIAMI BCH FL 33160

TITLE D ☐ DELETE

NAME AZZATTO, ANTHONY  
STREET ADDRESS 200-177TH DRIVE  
CITY-ST-ZIP SUNNY ISLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE *L. Geller* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

305 932-0800

Daytime Phone #

CR2E037 (11/98)