1/20/00-90147-014-$66.25-$66.25

DOCUMENT # 731709

FILED
Apr 25, 2000 8:00 am
Secretary of State

01-20-2000 90147 014 ****66.25

1. Entity Name

CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC

Principal Place of Business	Mailing Address
2750 NE 183 ST APT 1704 AVENTURA FL 33160 US	2750 NE 183 ST APT T 1704 AVENTURA FL 33160-2158 US

2. Principal Place of Business	3. Mailing Address
251 174TH ST. ST. APT. 1704	251 174TH ST. APT. 1704
Suite, Apt. #, etc.: 1704	Suite, Apt. #, etc.: 1704
City & State: Sunny Isles Beach FL	City & State: Sunny Isles Beach FL
Zip: 33160 / Country: USA	Zip: 33160 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

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
GELLER, L 2750 NE 183 ST T 1704 AVENTURA FL 33160	Name: DAVID SAMSON Street Address (P.O. Box Number is Not Acceptable): 251 174TH ST. APT. 1704 City: SUNNY ISLES BEACH FL Zip Code: 33160

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] TRUSTEE — 1/11/2000

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: DIAMOND, I M STREET ADDRESS: 251 174TH ST APT 214 CITY-ST-ZIP: SUNNY ISLES FL 33160	☐ Delete	TITLE: D TREASURER NAME: DIAMOND, I.M. D STREET ADDRESS: 251 174TH ST. APT. 214 CITY-ST-ZIP: SUNNY ISLES BEACH FL. 33160	☒ Change ☐ Addition
TITLE: PD NAME: GELLER, L STREET ADDRESS: 2750 NE 183 ST CITY-ST-ZIP: AVENTURA FL 33160	☒ Delete	TITLE: D PRESIDENT NAME: DAVID SAMSON D STREET ADDRESS: 251 174TH ST. APT. 1704 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	☐ Change ☒ Addition
TITLE: VPD NAME: SCHENGRUND, E STREET ADDRESS: 2750 NE 183 ST CITY-ST-ZIP: AVENTURA FL 33160	☒ Delete	TITLE: D VICE PRESIDENT NAME: KEN COHEN D STREET ADDRESS: 3701 COUNTRY CLUB DRIVE APT. #03 CITY-ST-ZIP: AVENTURA FL 33160	☐ Change ☒ Addition
TITLE: VPD NAME: SHANE, S J STREET ADDRESS: 3550 NE 169 ST CITY-ST-ZIP: N MIAMI BCH FL 33160	☒ Delete	TITLE: D SECRETARY NAME: GENE SHUFFER D STREET ADDRESS: 17360 ATLANTIC AVE CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	☐ Change ☒ Addition
TITLE: D NAME: AZZATIO, ANTHONY STREET ADDRESS: 200-177TH DRIVE CITY-ST-ZIP: SUNNY ISLE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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] — 1/11/2000 — 305 935 3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #