

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90146 039 ****61.25

0303037

DOCUMENT # 736045

1. Entity Name
MIAMI DADELAND ROTARY FOUNDATION, INC.



Principal Place of Business
**9520 SW 118TH COURT
MIAMI FL 33186
US**

Mailing Address
**9520 SW 118TH COURT
MIAMI FL 33186
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1710788**
Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BROWN, RICHARD M
9485 SUNSET DR
A195
MIAMI FL 33173**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **D**
JOHNS, LOUIS G
STREET ADDRESS **9485 SUNSET DR A 195**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
LIEBERMAN, RON
STREET ADDRESS **10625 SW 100 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
POZEN, IRA
STREET ADDRESS **9130 S. DADECANO BLVD# 1510**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE Change Addition
NAME
STREET ADDRESS **14243 S.W. 84 ST.**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE Delete
NAME **T**
JOHNS, JACQUELYN
STREET ADDRESS **9520 SW 118TH CT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PRESIDENT**
DONNA GENET
STREET ADDRESS **4201 TOLEDO ST.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 Required* **SIGNATURE REQUIRED** 2/14/03 (305) 274-8989

CR2E037 (10/02)