2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743434

1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MIA MI-DADE COUNTY CHAPTER, INC.

Principal Place of Business 794 N.W. 18 STREET

Mailing Address

794 N.W. 18 STREET MIAMI FL 33136

MIAMI FL 33136 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Feb 07, 2002 8:00 am Secretary of State

02-07-2002 90073 015 ****70.00

UUULJAOD



DO NOT WRITE IN THIS SPACE

Second Section Desired Second Section Desired De	City & State Ci			City & State	y & State			4. FEI Number 59-2685954				Applied For Not Applicable	
MACK, ASTRID K. 794 NW 187H STREET MAMM FL. 33136 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Forida. SIGNATURE SUBJECT Section Companies Pruse Fund Control Dullon. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PERRY, MILDRED EDD SIBER ADDRESS CITY-ST-2P MIMM FL. 33150 1190 NW 88 ST SIBER ADDRESS SIBER ADR	Zip		Zip	Country			5. Certificate of	Status Desi	red 💢				
MACK, ASTRID K. 7794 NW 18TH STREET MIAMI FL 33136 City FL Zip Code City FL Zip Co	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Foorida. SIGNATURE Superane, based or printed name of registered agent and late if application. NOTE Registered Agents signature volumed when restationing DATE						Name							
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Foorida. SIGNATURE Superane, based or printed name of registered agent and late if application. NOTE Registered Agents signature volumed when restationing DATE	MACK ACTRIC II						Street Address (P.O. Box Number is Not Acceptable)						
### Addition MAMI FL 33136			+										
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 Synature, lyped or prieed name of registered agent and site if applicative. (NOTE, Registered Agent agent agenture received when remissing) DATE			1								Ī		
8. The abova 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, speed or presed name of registered agent and this is applicative. PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fees Added to F	MIAMI FL 33130						City Zip Code						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rearbasing) DATE					*				in the state		•		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	8. The above	named entity	y submits this statement for tr	ne purpose of changing	its register	еа опісе оі	r registere	ed agent, or both,	in the state	oi rionda.			
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing													
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	SIGNATURE .												
Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD BERRY, MILDRED EDD STREET ADDRESS STREET AD	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD BERRY, MILDRED EDD STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE VD WOLKEY													
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD						~ ~~ , ~~			ake Check Payable to				
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	'	I ILL HOW	Trust Fund	Trust Fund Contribution			on. Li Added to Fees			Department of State			
TITLE NAME SITRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY			OFFICERS AND DIREC	CTORS	111			DDITIONS /CHAN	IGES TO OF	EICERS AND DI	DECTORS IN	I 10	
NAME STREET ADDRESS CITY-ST-ZIP MILDRED EDD STREET ADDRESS CITY-ST-ZIP MILDRED EDD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 TITLE VICE PRESIDENT CONTROL Addition NAME JACKSON, SAMUEL C STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD Delete MIAME FRENCH, HOWARD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DELET DELET DELET DELET DELET MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL DELET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL DELET ADDRESS STREET AD		חמו	OFFICERS AND DIREC					 	NOLS TO OF	TIOETTO AIRE BI			
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 TITLE VD JACKSON, SAMUEL C JACKSON, SAMUEL C JACKSON, SAMUEL C JACKSON, SAMUEL C JON N.W. 87TH AVENUE., APT E-215 CITY-ST-ZIP TITLE SD GREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TD GROSS, BLANCHE J STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME, STREET ADDRESS CITY-ST-ZIP MAMI FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAMI FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS STREET ADDRE			II DRED EDD	Detete					esc		Action of the Contract of the		
CITY-ST-ZIP MIAMI FL 33150	•				STRE	ET ADDRESS	963	1 SW 77	7 Aven	ue			
TITLE NAME JACKSON, SAMUEL C STREET ADDRESS CITY-ST-ZIP MIAMI FL. TITLE NAME FRENCH, HOWARD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 TITLE NAME GROSS, BLANCHE J STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE NAME GROSS, BLANCHE J STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME GROSS, BLANCHE J STREET ADDRESS CITY-ST-ZIP TITLE TO D Delete TITLE NAME GROSS, BLANCHE J STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO D DELET TITLE TO D DELET TITLE TITLE NAME GROSS, BLANCHE J STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TO D DELET TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CI					CITY	-ST-ZIP							
CITY-ST-ZIP	TITLE			☐ Delete	TITL	E	Vice	Preside	nt		Change	Addition	
CITY-ST-ZIP	NAME	JACKSON	, SAMUEL C		NAM	ΙE	Hac	ikeli 40	ung				
TITLE SD Delete TITLE NAME FFRENCH, HOWARD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE D Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE MAME MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE MAME MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP MIAMI FL MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP MIAMI FL MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL MAME STREET ADDRESS	STREET ADDRESS	100 N.W.	87TH AVENUE., APT E-21	15			1713	35 NW	12 600	ort		ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TD GROSS, BLANCHE J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO MIAMI FL 33056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP TITLE MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST=ZIP_	MIAMI FL-			CITY	-ST-ZIP	Mic	lmi, FL	<u>3316</u>	<u>,9</u>			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			☐ Delete				·			☐ Change	☐ Addition	
CITY-ST-ZIP MIAMI FL 33056 TITLE TD Delete TITLE NAME GROSS, BLANCHE J NAME STREET ADDRESS CITY-ST-ZIP TITLE D MIAMI FL 33054 TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD													
TITLE TD													
NAME STREET ADDRESS TREET ADDRESS		1	33056	اسا م							Change	□ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		I	I ANCHE I	∟ Delete							□ change	Audition	
CITY-ST-ZIP MIAMI FL 33054 TITLE D MACK, ASTRID K STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMI FL CHange Addition NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL Change Addition Change Addition Change Addition Addition Change Addition Change Addition STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS					,		ł					1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ADDRESS C												{	
NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		1		☐ Delete	TITL	 E					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		ı -	TRID K								- •	- }	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS												
NAME STREET ADDRESS NAME STREET ADDRESS	CITY-ST-ZIP	1.	'. 		CITY	'-ST-ZIP					_		
STREET ADDRESS STREET ADDRESS	TITLE			☐ Delete							Change	☐ Addition	
		[-					-	1	
UIT-51-2IF 6.'		[Ì	
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		L							min to our		es'		

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:

01-17-2002

Daytime Phone #