

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 743434**

1. Entity Name

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

Principal Place of Business

Mailing Address

**794 N.W. 18 STREET  
MIAMI FL 33136**

**794 N.W. 18 STREET  
MIAMI FL 33136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2685954**

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

**MACK, ASTRID K.  
794 NW 18TH STREET  
MIAMI FL 33136**

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **BERRY, MILDRED EDD**  
CITY-ST-ZIP **1190 NW 88 ST  
MIAMI FL 33150**

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Mary Walker**  
CITY-ST-ZIP **9631 SW 77 Avenue  
Miami, FL 33156**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **JACKSON, SAMUEL C**  
CITY-ST-ZIP **100 N.W. 87TH AVENUE., APT E-215  
MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME **Vice President**  
STREET ADDRESS **Haskell Young**  
CITY-ST-ZIP **17135 NW 12 Court  
Miami, FL 33169**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **FFRENCH, HOWARD**  
CITY-ST-ZIP **2240 NW 196 TERR  
MIAMI FL 33056**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **GROSS, BLANCHE J**  
CITY-ST-ZIP **18001 E BUNCHE PARK DR  
MIAMI FL 33054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MACK, ASTRID K**  
CITY-ST-ZIP **5020 NW FIRST AVENUE  
MIAMI FL**

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: Astrid K Mack**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-17-2002**

Date

Daytime Phone #

CR2E037 (9/01)