2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am Secretary of State DOCUMENT # 759351 1. Entity Name GUARDIANSHIP PROGRAM OF DADE COUNTY, INC. 02-05-2002 90045 031 ****70.00 Principal Place of Business Mailing Address 7950 NW 53RD STREET 7950 NW 53RD STREET SUITE 301 SUITE 301 MIAMI FL 33166-7903 MIAMI FL 33166-7903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2124958 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REPENSEK, FRANK G 7950 NW 53RD ST SUITE 301 Zin Code **MIAMI FL 33166** for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity S:GNATURE 6, Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD **Addition** ☐ Change TITLE Delete TITLE PD BERNSTEIN, KATHERINE NAME NAME Mangiero, David STREET ADDRESS STREET ADDRESS 700 BRICKELL AVE 127.90 S Dixie Hwy CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2881 Miami FL 33156 VPD ☐ Change ☐ Addition ☐ Delete TITLE TITLE |MARGOSHES, STANLEY NAME NAME STREET ADDRESS STREET ADDRESS 3305 SW 17TH AVE CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 Change X Addition X Delete TITLE STD TITLE MANGIERO, DAVID NAME NAME Steven E.M. Hartz STREET ADDRESS 12790 S DIXIE HWY STREET ADDRESS 1801 Micanopy Ave CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Miami FL 33133 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS 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. RESteven Hartz SIGNATURE:

1[(1/02_(30\$) 856-9338