

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90016 007 \*\*\*\*70.00

**DOCUMENT # 767049**

1. Entity Name  
**CHARLEE OF DADE COUNTY, INC.**



Principal Place of Business  
**5915 PONCE DE LEON BLVD  
SUITE 26  
CORAL GABLES, FL 33146**

Mailing Address  
**5915 PONCE DE LEON BLVD  
SUITE 26  
CORAL GABLES, FL 33146**

**J4040444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2302250**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

~~MANNE, STEVEN H., EXECUTIVE DIRECTOR~~  
~~CHARLEE OF DADE COUNTY, INC.~~  
~~5915 PONCE DE LEON BLVD., #26~~  
~~CORAL GABLES, FL 33146~~

Name **CAGLE, MARY T. CEO**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KIRZNER, ALAN  
13220 SW 71 AVENUE  
MIAMI, FL 33156 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MARCH, MARILYN  
5935 SW 82 AVE.  
MIAMI, FL 33143 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ADAMS, ELIZABETH  
5825 S.W. 93 ST.  
MIAMI, FL 33156 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**MAUREEN MEYERS**  
**5601 S.W. 92 ST.**  
**MIAMI, FL 33156** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
VARAT, CYNTHIA  
11030 PARADELA ST.  
CORAL GABLES, FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**VARAT, CYNTHIA**  
**11030 PARADELA ST.**  
**CORAL GABLES, FL 33156** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ED  
MANNE, STEVEN H.  
5915 PONCE DE LEON BLVD., #26  
CORAL GABLES, FL 33146 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO**  
**CAGLE, MARY T.**  
**5915 Ponce De Leon Blvd. #26**  
**CORAL GABLES, FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Steven H. Manne*

**3/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #