

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

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90233 026 \*\*\*70.00

**DOCUMENT # N00000002308**

1. Entity Name

**OPEN SYSTEMS DATABASE ASSOCIATION INC.**



Principal Place of Business

**3803 LITTLE AVE.  
COCONUT GROVE FL 33133**

Mailing Address

**3803 LITTLE AVE.  
COCONUT GROVE FL 33133**

2. Principal Place of Business

**1035 SHARAZAD BL.**

3. Mailing Address

**P.O. 540977**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**OPA-LOCKA, FL.**

City & State

**OPA-LOCKA - FL.**

4. FEI Number **65-1060177**

Applied For

Not Applicable

Zip **33054**

Country **DADE**

Zip **33054**

Country **DADE**

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

6. Name and Address of Current Registered Agent

**POWERS, JOHN W  
3803 LITTLE AVE.  
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **PATRICIA HOOTEN**  
Street Address (P.O. Box Number is Not Acceptable) **1035 SHARAZAD BLVD.**  
City **OPA LOCKA** FL **33054**

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

*Patricia Hooten*  
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

TITLE **PO** ☐ Delete  
NAME **MADDEN, DAN**  
STREET ADDRESS **8501 NW 51 PLACE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VD** ☒ Delete  
NAME **MORETTI, JUDY**  
STREET ADDRESS **3545 LITTLE PINE LANE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SD** ☒ Delete  
NAME **HOLDSWORTH, DONNA**  
STREET ADDRESS **4841 S.W. 28 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **MICHAEL KANEFSKY**  
STREET ADDRESS **7147 CHARLESTON DRIVE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SA** ☒ Change ☐ Addition  
NAME **JOAN MORRIS**  
STREET ADDRESS **3803 LITTLE AVE**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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

TITLE ☐ Change ☐ Addition  
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)