

2001 UNIFORM BUSINESS REPORT (UBR)

2/28/

FILED
Apr 16, 2001 8:00 am
Secretary of State

02-28-2001 90120 011 ****70.00

DOCUMENT # N00000006379

1. Entity Name

MIAMI-DADE COALITION ON AGING, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1283
MIAMI FL 33137

POST OFFICE BOX 1283
MIAMI FL 33137

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

65-1055971

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

**EMERY, IRMA
138 NE 2ND AVENUE
DANIA BEACH FL 33004**

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	P	<input type="checkbox"/> Delete
NAME	EMERY, IRMA	
STREET ADDRESS	138 NE 2ND AVENUE	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOLF, MYRNA	
STREET ADDRESS	20533 BISCAYNE BLVD.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCABE, FRANCES SR.	
STREET ADDRESS	7525 NW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, SHARI	
STREET ADDRESS	395 NW 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)