

# 2002 UNIFORM BUSINESS REPORT (UBR)

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 DRACE LANGFORD

Street Address (P.O. Box Number is Not Acceptable)  
720 NE 69th STREET, #8 WEST

City MIAMI

FL

Zip Code 33138

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: *Drace Langford*

DRACE LANGFORD, PRESIDENT 4/11/02

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 PD  
NAME EMERY, IRMA  
STREET ADDRESS 138 NE 2ND AVENUE  
CITY-ST-ZIP DANIA BEACH FL 33004 ☒ Delete

TITLE PD  
NAME LANGFORD DRACE  
STREET ADDRESS 720 NE 69th ST. #8W  
CITY-ST-ZIP MIAMI FL 33138 ☒ Change ☐ Addition

TITLE VD  
NAME WOLF, MYRNA  
STREET ADDRESS 20533 BISCAYNE BLVD.  
CITY-ST-ZIP AVENTURA FL 33180 ☒ Delete

TITLE FREADDA  
NAME ZEIBLER  
STREET ADDRESS 9500 S DADELAND BLVD #440  
CITY-ST-ZIP MIAMI FL 33156 ☒ Change ☐ Addition

TITLE TD  
NAME MCCABE, FRANCES SR.  
STREET ADDRESS 7525 NW 2ND AVENUE  
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE SD  
NAME GARCIA, SHARI  
STREET ADDRESS 395 NW 1ST STREET  
CITY-ST-ZIP MIAMI FL 33128 ☒ Delete

TITLE SD  
NAME ALEX FIUZA  
STREET ADDRESS 7300 N. KENDALL DR #660  
CITY-ST-ZIP MIAMI FL 33156 ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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: *Drace Langford*

4/11/02 (305) 243 6270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)