

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90154 021 \*\*\*\*61.25

**DOCUMENT # N00000006379**

1. Entity Name

**MIAMI-DADE COALITION ON AGING, INC.**



Principal Place of Business

**POST OFFICE BOX 1283  
MIAMI FL 33137**

Mailing Address

**POST OFFICE BOX 1283  
MIAMI FL 33137**

**60010330**



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGFORD, DRACE  
720 NE 69TH STREET  
8 WEST  
MIAMI FL 33138**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Drace Langford*  
Signature, typed or printed name of registered agent and title if applicable.

**DRACE LANGFORD**

**1/23/03**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **LANGFORD, DRACE**  
STREET ADDRESS **720 NE 69TH ST #8W**  
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **VD** ☐ Delete  
NAME **ZEIBLER, FREADDIA**  
STREET ADDRESS **9500 S DADELAND BLVD #440**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition  
NAME **ZEIGLER**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE **SD** ☐ Delete  
NAME **FIUZA, ALEX**  
STREET ADDRESS **7300 N. KENDALL DR #680**  
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(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*  
**DRACE LANGFORD**

**1/23/03 (305) 243 6270**

CR2E037 (10/02)