

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91027 027 ****61.25

DOCUMENT # N01000000554

1. Entity Name
MDHA DEVELOPMENT CORPORATION



Principal Place of Business
3000 NW 32 AVENUE
MIAMI, FL 33142

Mailing Address
3000 NW 32 AVENUE
MIAMI, FL 33142

94082024

2. Principal Place of Business
7483 SW 24th Street
Suite, Apt. #, etc.
Suite 209

3. Mailing Address
7483 SW 24th Street
Suite, Apt. #, etc.
Suite 209

04272004 Chg-NP CR2E037 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1138910

Applied For
Not Applicable

Zip
33155

Country
Miami-Dade

Zip
33155

Country
Miami-Dade

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

WASHINGTON, LYNN C
C/O HOLLAND & KNIGHT
701 BRICKELL AVE, STE 2800
MIAMI, FL 33131

Name
Peter A. Lichtman
Street Address (P.O. Box Number is Not Acceptable)
c/o Weiss Serota Helfman
3107 Stirling Road, Suite 300
City
Fort Lauderdale FL Zip Code
33312

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

TITLE	DPC	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, RENE	
STREET ADDRESS	1401 NW 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	BREWSTER, ALPHONSO K	
STREET ADDRESS	1401 NW 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DUFFIE, ALBEN	
STREET ADDRESS	6013 NW 7 AVENUE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELFENBEIN, PAMELA	
STREET ADDRESS	CTR OF AGING-FIU-AC1-234; 3000 NE 151 ST	
CITY-ST-ZIP	N MIAMI, FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, BARBARA	
STREET ADDRESS	111 NW 1 STREET, SUITE 2910	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLMEDILLO, GUILLERMO	
STREET ADDRESS	6840 SW 130 TERR	
CITY-ST-ZIP	MIAMI, FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(PCD) Duffie, Alben	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6013 NW 7th Street	
STREET ADDRESS	Miami, FL 33127	
CITY-ST-ZIP		
TITLE	(VTD) Fuller, Allen	Change <input checked="" type="checkbox"/> Addition
NAME	201 Alhambra Circle, Ste. 602	
STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP		
TITLE	(SD) Elfenbein, Pamela	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3000 NE 151 Street	
STREET ADDRESS	North Miami, FL 33181	
CITY-ST-ZIP		
TITLE	(D) Rosemond, Daniel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18804 NW 79th Way	
STREET ADDRESS	Hialeah, FL 33015	
CITY-ST-ZIP		
TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria de Pedro-Gonzalez	
STREET ADDRESS	7483 SW 24th Street, Suite 209	
CITY-ST-ZIP	Miami, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria de Pedro-Gonzalez 04/27/04 305 267 3624

Date

Daytime Phone #