

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90049 016 \*\*\*\*61.25

**DOCUMENT # NO1000000820**

1. Entity Name

**NATIONAL INSTITUTE FOR PEOPLE WITH DISABILITIES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

C/O HARRY J. FRIEDMAN, GREENBERG TRAUIG  
 1221 BRICKELL AVE  
 MIAMI FL 33131

C/O HARRY J. FRIEDMAN, GREENBERG TRAUIG  
 1221 BRICKELL AVE  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

**2403 ANTIGUA CIRCLE**

**2403 ANTIGUA CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE E-1**

**SUITE E-1**

City & State

City & State

**COCONUT CREEK**

**COCONUT CREEK**

Zip

Country

Zip

Country

**33066 USA**

**USA**

**33066**

**USA**

4. FEI Number

**22-3792586**

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

**CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324**

Name

Street Address

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

able.

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COHEN, EDITH	1221 BRICKELL AVE	MIAMI FL 33131	<input type="checkbox"/>
D	DE VOS, HERBERT	1221 BRICKELL AVE	MIAMI FL 33131	<input type="checkbox"/>
D	FANTEL, GLORIA	1221 BRICKELL AVE	MIAMI FL 33131	<input type="checkbox"/>
D	LEVITZ, DR. PAUL	1221 BRICKELL AVE	MIAMI FL 33131	<input type="checkbox"/>
D	LINDENBERG, BENNO	1221 BRICKELL AVE	MIAMI FL 33131	<input type="checkbox"/>
D	GORDON, IRIS	1221 BRICKELL AVE	MIAMI FL 33131	<input type="checkbox"/>

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

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**  
*Signature* **4.12.2002**

Date Daytime Phone #

CR2E037 (9/01)