

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001302

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** COMMITTEE TO INCORPORATE NORTHEAST DADE, INC.

**Current Principal Place of Business:**

2670 NE 215 STREET  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2670 NE 215 STREET  
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 20-2302606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HECHT, ALAN R  
2670 NE 215 STREET  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: HECHT, ALAN  
Address: 2670 NE 215 STREET  
City-St-Zip: MIAMI, FL 33180

Title: V ( ) Delete  
Name: JAY, SCOTT R  
Address: 19500 NE 21 CT  
City-St-Zip: MIAMI, FL 33179

Title: S/D ( ) Delete  
Name: ROSES, GLORIA  
Address: 20331 NE 20 PLACE  
City-St-Zip: MIAMI, FL 33179

Title: T/D ( ) Delete  
Name: GOPMAN, GLENN  
Address: 2010 NE 198 TERRACE  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN HECHT

P/D

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date