

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90200 028 ****61.25

DOCUMENT # N06170

1. Entity Name

MIAMI BEACH ASSOCIATION FOR THE GIFTED, INC.



Principal Place of Business

**4100 PRAIRE AVENUE
MIAMI BEACH FL 33140**

Mailing Address

**4100 PRAIRE AVENUE
MIAMI BEACH FL 33140**

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 **59-2490580**

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

**MONTAIGNE, STEPHANIE
4100 PRAIRE AVENUE
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ACKERMAN, LAUREN	
STREET ADDRESS	4100 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODEN, ELAINE	
STREET ADDRESS	4100 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VACCARO, KAREN	
STREET ADDRESS	4100 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOMBARDI, SHARI	
STREET ADDRESS	4100 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LEONOR	
STREET ADDRESS	4100 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUSKY, LORRAINE	
STREET ADDRESS	4100 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

LAUREN ACKERMAN
Pres/Director 2/12/03 305-776-3149

CR2E037 (10/02)