

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**  
 08-30-2000 90004 049 \*\*\*\*61.25

**DOCUMENT # N09396**

1. Entity Name

**ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI**

*P*

Principal Place of Business

11900 BISCAYNE BLVD  
 #440  
 MIAMI FL 33181  
 US

Mailing Address

11900 BISCAYNE BLVD  
 #440  
 MIAMI FL 33181  
 US

2. Principal Place of Business

1175 NE 125 ST  
 Suite, Apt. #, etc.  
 600

3. Mailing Address

1175 NE 125 ST  
 Suite, Apt. #, etc.  
 600

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

59-2483380

Applied For

Not Applicable

Zip

33161

Country

Miami-Dade

Zip

33161

Country

Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BRENDA M  
 2760 NE 16TH STREET  
 FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Brenda M. Johnson

Street Address (P.O. Box Number is Not Acceptable)

1175 NE 125 ST #600

City

North Miami

FL

Zip Code

33161

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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

TITLE SD ☐ Delete  
 NAME LOWE, DEBORAH J  
 STREET ADDRESS 700 NE 90 ST  
 CITY-ST-ZIP MIAMI FL 33138

TITLE PD ☐ Delete  
 NAME MIRZA, KHALID M  
 STREET ADDRESS 8000 GOVERNORS SQUARE BLVD, STE 300  
 CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE T ☐ Delete  
 NAME MILLER, ROGER  
 STREET ADDRESS 2601 BISCAYNE BLVD  
 CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE David L. Glazer, Esq. ☐ Change ☐ Addition  
 NAME 2999 NE 191 ST #800  
 STREET ADDRESS Aventura, FL 33180  
 CITY-ST-ZIP

TITLE Lee Lasris, Esq. ☐ Change ☐ Addition  
 NAME Holland & Knight  
 STREET ADDRESS 701 Brickell AV #3000  
 CITY-ST-ZIP Miami, FL 33131

TITLE James G. Stephens, Vice President ☐ Change ☐ Addition  
 NAME Mellon Trust of Florida  
 STREET ADDRESS 2875 NE 191 ST #800  
 CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ Change ☐ Addition  
 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:

*SIGNATURE*  
 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00  
 Date

(305) 891-6228  
 Daytime Phone #

CR2E037 (5/00)