

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90075 034 ****70.00

DOCUMENT # N09396

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, GREATER MIAMI AREA CHAPTER, INC.

Principal Place of Business

Mailing Address

1175 NE 125 ST
 600
 N MIAMI FL 33161
 US

1175 NE 125 ST
 600
 N MIAMI FL 33161
 US

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

59-2483380

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

JOHNSON, BRENDA M
1175 NE 125 ST #600
N MIAMI FL 33161

Name **Edward J. Rosa sco**

Street Address (P.O. Box Number is Not Acceptable)
625 Collins Ave., Apt 1607

City **Miami Beach**

FL 33140

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

Edward J. Rosasco

Edward J. Rosasco

2-7-2002

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
 NAME **GLAZER, DAVID ESQ**
 STREET ADDRESS **2999 NE 191 STREET**
 CITY-ST-ZIP **ADVENTURA FL 33180**

TITLE **D** ☐ Change ☒ Addition
 NAME **Edward J. Rosasco**
 STREET ADDRESS **2625 Collins Ave. Apt. 1607**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **DP** ☐ Delete
 NAME **LASRIS, LEE**
 STREET ADDRESS **201 S BISCAYNE BLVD, STE 3400**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **REIZEN, VERNA**
 STREET ADDRESS **1230 100TH STREET**
 CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **JOHNSON, BRENDA M**
 STREET ADDRESS **2760 NE 16 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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:

Edward J. Rosasco
SIGNATURE REQUIRED

2-7-2002

305-891-6228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)