

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90120 031 *****70.00

DOCUMENT # N09396

1. Entity Name

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



Principal Place of Business

**1175 NE 125 ST
600
N MIAMI FL 33161
US**

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

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

**EDWARD, ROSA J
625 COLLINS AVE APT 1607
MIAMI FL 33140**

7. Name and Address of New Registered Agent

Name **BRENDA M. JOHNSON**

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

1440 S. OCEAN BLVD #7-C

City **POMPANO BEACH**

FL

Zip Code **33062**

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

Brenda M. Johnson

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	GLAZER, DAVID ESQ	
STREET ADDRESS	2999 NE 191 STREET	
CITY-ST-ZIP	ADVENTURA FL 33180	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LASRIS, LEE	
STREET ADDRESS	201 S BISCAYNE BLVD, STE 3400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REIZEN, VERNA	
STREET ADDRESS	1230 100TH STREET	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARD, ROSA J	
STREET ADDRESS	2625 COLLINS AVE APT 1607	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA M. JOHNSON	
STREET ADDRESS	1440 S. OCEAN BLVD #7-C	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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:

Brenda M. Johnson

BRENDA M. JOHNSON 4-15-03 305-891-6228

CR2E037 (10/02)