

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11529

1. Entity Name

DADE COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

Principal Place of Business

1501 NW N. RIVER DRIVE
MIAMI FL 33125

Mailing Address

1501 NW N. RIVER DRIVE
MIAMI FL 33125-2603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MARKEY, KATHLEEN
1428 BRICKELL AVE.
MIAMI FL 33131

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

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 P ☐ Delete
NAME ASKUWITZ, JOHAN
STREET ADDRESS 1501 NW NORTH RIVER DR.
CITY-ST-ZIP MIAMI BEACH FL 33125

TITLE T ☐ Delete
NAME VIERA, ADY
STREET ADDRESS 843 ANASTASIA
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Delete
NAME KELLOGG, ANN
STREET ADDRESS 6800 CHAPMAN FIELD DR
CITY-ST-ZIP MIAMI FL

TITLE T ☐ Delete
NAME MARIBONA, MARIA
STREET ADDRESS 1460 21 STREET SUNSET ISLAND IV
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE CS ☐ Delete
NAME LLANES, MARTA
STREET ADDRESS 11225 S.W. 58TH CT
CITY-ST-ZIP MIAMI FL 33156

TITLE CP ☐ Delete
NAME FERNANDEZ, BERTA
STREET ADDRESS 58 SHORE DRIVE WEST
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90052 038 ****61.25

00019163



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6153524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required