

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
May 25, 2001 8:00 am
Secretary of State

01-30-2001 90138 038 ****61.25

DOCUMENT # N11530

1. Entity Name

DADE COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDAT

Principal Place of Business

Mailing Address

1501 NW NORTH RIVER DR
 MIAMI FL 33125

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 MIAMI FL 33125

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

59-2751957

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

**MARKEY, KATHLEEN
 100 SE 2ND ST 36TH FLOOR
 MIAMI FL 33131**

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.

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 ☐ Delete
 NAME CP
 STREET ADDRESS VIERA, ADY
 CITY-ST-ZIP 873 ANASTASIA
 CORAL GABLES FL

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

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

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS ASKOWITZ, JOHAN
 CITY-ST-ZIP 1501 NW NORTH RIVER DR
 MIAMI FL 33125

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

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

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ZIANES, MARTHA
 CITY-ST-ZIP 11225 SW 58TH CT
 MIAMI FL

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johan A. Askowitz
 President
 Date 5/15/01
 Daytime Phone # (305) 256-0084

CR2037 (10/00)