

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90055 002 \*\*\*\*70.00

**DOCUMENT # N11530**

1. Entity Name

**DADE COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1501 NW NORTH RIVER DR  
 MIAMI FL 33125**

**1501 NW NORTH RIVER DR  
 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

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

7. Name and Address of New Registered Agent

Name

**JOHAN ASKOWITZ**

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

**19351 SW 134 CT**

City

**MIAMI**

FL

Zip Code

**33177**

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

*Johan H. Askowitz Sec.*

*March 15, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP VIERA, ADY 873 ANASTASIA CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BERTA FERNANDEZ 58 SHORE DRIVE, W MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASKOWITZ, JOHAN 1501 NW NORTH RIVER DR MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIA MARIBONA 1460 W 21 ST, SUNSET ISLAND MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIANES, MARTHA 11225 SW 58TH CT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT KELLOGG, ANN 6800 CHAPMAN FIELD DR. MIAMI FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**LLANES, MARTHA  
 SAME**

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:

*Johan H. Askowitz* **JOHAN H. ASKOWITZ**

Date

Daytime Phone #

*3/15/02*

*(305) 256-0084*

CR2E037 (9/01)