

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20419

1. Entity Name

NORTHEAST DADE COALITION INC.

Principal Place of Business

Mailing Address

21155 HELMSMAN DR #M14
AVENTURA FL 33180

PO BOX 800417
AVENTURA FL 33280-0417

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

65-0732330

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

LIBERT, PAUL
21155 HELMSMAN DR #M14
AVENTURA FL 33180

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIBERT, PAUL	
STREET ADDRESS	21155 HELMSMAN DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WOLF, ROBERT DR	
STREET ADDRESS	740 NE 190 STREET #G204	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENSON, NAOMI	
STREET ADDRESS	1200 NE MIAMI GARDENS #408W	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PINE, MANNY	
STREET ADDRESS	16425 COLLINS AVENUE, MCMT. OFC.	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SIMHA, OVADIA	
STREET ADDRESS	5701 N. COUNTRY CLUB DRIVE, PH07	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CZERLIP, ZIRIL	
STREET ADDRESS	877 N E 105TH STREET #422	
CITY-ST-ZIP	MIAMI FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELZIN, GLORIA	
STREET ADDRESS	3500 MYSTIC POINT DR. # 1204	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, ROBERT DR.	
STREET ADDRESS	538 NE 199 LANE	
CITY-ST-ZIP	MIAMI, FL 33179	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

(305) 933-9775

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90102 012 ****61.25



DO NOT WRITE IN THIS SPACE