

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90100 038 ****61.25

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

4. FEI Number

65-0732330

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD LIBERT, PAUL**
 STREET ADDRESS **21155 HELMSMAN DRIVE**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE ☐ Delete
 NAME **VPD WOLF, ROBERT DR**
 STREET ADDRESS **5328 NE 199 LANE**
 CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE ☒ Delete
 NAME **TD BENSON, NAOMI**
 STREET ADDRESS **1200 NE MIAMI GARDENS #408W**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME **TD MESKIN, JAY**
 STREET ADDRESS **3530 MYSTIC POINT DR. APT. 311**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☒ Delete
 NAME **S EZRIN, GLORIA**
 STREET ADDRESS **3500 MYSTIC POINT DR #1704**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Change ☐ Addition
 NAME **S GOTTLIEB, ARLENE**
 STREET ADDRESS **21160 MAIN SAIL CIRCLE APT. H14**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

1/8/02

Date

(305) 933-9775

Daytime Phone #

CR2E037 (9/01)