

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2006

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90010 011 \*\*\*\*70.00

**DOCUMENT #** N35282

**1. Entity Name**

FLORIDA PATHWAYS, INC.

**DO NOT WRITE IN THIS SPACE**

B0050341

**2. Principal Place of Business**

5200 NE Second Avenue

**3. Mailing Address**

5200 N.E. Second Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Miami, Florida

**City & State**

Miami, Florida

**4. FEI Number**

65-0198276

**Applied For**

**Not Applicable**

**Zip**

33137

**Country**

U.S.A.

**Zip**

33137

**Country**

U.S.A.

**5. Certificate of Status Desired** ☒

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Cypen, Stephen H. Esq.

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

825 Arthur Godfrey Road

**City**

Miami Beach

**FL**

**Zip Code**  
33140

**DO NOT WRITE  
IN THIS SPACE**

**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**

**FEE IS \$61.25  
Initial or Amended UBR**

**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**  
D  
Goldstein, Goldie  
11470 Victoria Circle  
Boynton Beach, FL 33437

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
Bussel, Ann  
420 Rovino Avenue  
Coral Gables, FL 33156

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
Gross, Doug  
3801 N.E. 207 Street, #2801  
Aventura, FL 33180

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
Mark, Arthur  
9180 W. Bay Harbor Drive  
Miami Beach, FL 33154

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Douglas Gross*

DOUGLAS GROSS

3/8/2002 (305) 935-1100

CR2E037B (12/01)