

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90161 009 \*\*\*\*61.25

**DOCUMENT # N41402**

1. Entity Name

**ASSOCIATION FOR DEATH EDUCATION & COUNSELING - SOUTH FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

20191 E COUNTRY CLUB DR  
 TH-1  
 AVENTURA FL 33180  
 US

20191 E COUNTRY CLUB DR  
 TH-1  
 AVENTURA FL 33180  
 US

2. Principal Place of Business

*SF-ADEC*

3. Mailing Address

*1521 ALTON Road #199*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI ~~STATE~~ BOAT*

City & State

*FLORIDA*

4. FEI Number

**65-0326436**

Applied For

Not Applicable

Zip

*33139*

Country

*USA*

Zip

*33139*

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

**KAPLAN, BARRY S**  
 20191 E COUNTRY CLUB DR  
 TH-1  
 AVENTURA FL 33180

Name

*Jennifer Kay*

Street Address (P.O. Box Numbers Not Acceptable)

*640 NE 98 STREET*

City

*MIAMI SHORES*

FL

Zip Code

*33138*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jennifer Kay, Treasurer*

*7/26/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002, min. will be \$236.25.**

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	PD	<input type="checkbox"/> Delete
NAME	ABESS, JOAN	
STREET ADDRESS	200 OCEAN TRAIL - #101	
CITY-ST-ZIP	JUPITER FL 33477-5511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STAUBER, PAT	
STREET ADDRESS	2524 REGATTA AVENUE	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAY, JENNIFER	
STREET ADDRESS	640 N.E. 98TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33136	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, BARRY	
STREET ADDRESS	20191 EAST COUNTRY CLUB DRIVE TH-1	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dixon, MARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1450 Medruga Ave	
STREET ADDRESS	SUITE 310	
CITY-ST-ZIP	Coral Gables, FL-33146	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miriam Aponte	
STREET ADDRESS	7775 SW 86 St., Bldg F1, Apt 305	
CITY-ST-ZIP	Miami, FL 33143	
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: *Jennifer Kay, Treasurer*

*7/26/02 305-758-8388*

CR2E037 (4/02)