

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90138 036 ****61.25

DOCUMENT # N41402

1. Entity Name

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



Principal Place of Business

**SF-ADEC
1521 ALTON ROAD # 199
MIAMI FL 33139
US**

Mailing Address

**SF-ADEC
1521 ALTON ROAD # 199
MIAMI FL 33139
US**

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 **65-0326436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAY, JENNIFER
640 NE 98 STREET
MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ABESS, JOAN**
STREET ADDRESS **200 OCEAN TRAIL - #101**
CITY-ST-ZIP **JUPITER FL 33477-5511**

TITLE **D** ☐ Delete
NAME **DIXON, MARNY**
STREET ADDRESS **1450 MADRUGA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **T** ☐ Delete
NAME **KAY, JENNIFER**
STREET ADDRESS **640 N.E. 98TH STREET**
CITY-ST-ZIP **MIAMI SHORES FL 33136**

TITLE **SD** ☒ Delete
NAME **APONTE, MIRIAM**
STREET ADDRESS **7775 SW 86 STREET BLD F1 APT 305**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
NAME **Sasmor Dorothy**
STREET ADDRESS **9485 Sunset Dr**
CITY-ST-ZIP **A 202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Miami FL 33175**

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

3/28/03

305-758-8388

CR2E037 (10/02)