

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90037 042 ****61.25

DOCUMENT # N46104

1. Entity Name

SENIOR CITIZENS OF GREATER MIRAMAR, INC.

Principal Place of Business

6920 S.W. 35TH ST
 MIRAMAR FL 33023

Mailing Address

3221 SW 66 TERRACE
 3221 SW 66TH TERR
 MIRAMAR FL 33023
 US

MIRAMAR CIVIC CENTER

2. Principal Place of Business

6920 S.W. 35TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRAMAR, FL

City & State

33023

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0304296

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, AGNES
3221 SW 66 TERRACE
MIRAMAR FL 33023

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.

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 **P** ☐ Delete
 NAME **KELLY, AGNES**
 STREET ADDRESS **3221 SW 66 TERRACE**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE **V** ☐ Delete
 NAME **NORTHROP, WILLIAM**
 STREET ADDRESS **241 N 67TH AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **T** ☐ Delete
 NAME **NORTHROP, ADOLINE**
 STREET ADDRESS **241 N 67TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **SD** ☐ Delete
 NAME **SCROB, EVELYN**
 STREET ADDRESS **6740 ABOR DRIVE #205**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE **D** ☐ Delete
 NAME **DIMARIA, PAULETTE**
 STREET ADDRESS **6550 28TH STREET**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ Delete
 NAME **LASSEN, DELORES**
 STREET ADDRESS **8911 S HOLLYBROOK BLVD**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 of Kelly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 (954) 989-5731
 Date Daytime Phone #