

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90120 009 ****70.00

DOCUMENT # N50367

1. Entity Name

CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.



Principal Place of Business

**501 NE FIRST AVE
STE 102
MIAMI FL 33132
US**

Mailing Address

**501 NE FIRST AVE
STE 102
MIAMI FL 33132
US**

00040000

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 **65-0379532**

Applied For

Not Applicable

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

**LANHAM, MICHAEL F.
501 NE FIRST AVE
SUITE 102
MIAMI FL 33132**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, ALVIN WM. 1201 NW 16 STREET MIAMI FL 33125	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIDIS, TED 9785 SW 145TH ST MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WATSON, DARLENE 7301 LOCH ISLE DR SOUTH MIAMI LAKES FL 33014	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, MICHAEL 8601 NW 193RD TER MIAMI FL 33015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELTON, SANDY 1485 NE 152 ST MIAMI FL 33162	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, BRUNO 21361 NE 8 AVENUE, APT 1 MIAMI FL 33179	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Franklin Zavala-Velez 50 NW 120 ST Miami, FL 33168	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH ALFARO 720 Coral Way, Q3 Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA GRATZKE 1660 SE 7 PL Homestead, FL 33033	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT Lessne 10765 SW 104 ST Miami, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Mander 155 South Miami Ave, 9th Floor Miami, FL 33128	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Gaebe 3211 Ponce de Leon Blvd Suite 201 Coral Gables, FL 33134	☐ Change ☒ Addition

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

CR2E037 (10/02)

Attachment

90043592
#1150367

ADDITIONAL MEMBER OF THE BOARD OF DIRECTORS:

D

IDA TAFARI

3014 FLORIDA AVENUE
COCONUT GROVE, FL 33133