

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90129 012 *****61.25

0025434

DOCUMENT # N95000004832

1. Entity Name

COALITION TO IMPROVE NORTHWEST DADE, INC.

Principal Place of Business

**21400 NORTH WEST 2ND AVENUE
MIAMI FL 33169**

Mailing Address

**2396 NE 172ND ST.
N. MIAMI BCH. FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0625248

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

**FISHEL, PETER L
2396 NE 172ND STREET
NORTH MIAMI BEACH FL 33160**

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 \$61.259. 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	LEHMAN, WILLIAM JR.	
STREET ADDRESS	2396 NE 172ND ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	NAPOLITANO, MARC	
STREET ADDRESS	2396 NE 172ND ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRIS, LAUREN	
STREET ADDRESS	2396 NE 172ND ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES	
STREET ADDRESS	2396 NE 172ND ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	FISHEL, PETER L	
STREET ADDRESS	2396 NE 172ND ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	JORDAN, RALPH	
STREET ADDRESS	2396 NE 172ND STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	

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:

SIGNATURE REQUIRED**Peter L. Fishel****1/16/02****(305) 944 0040**

CR2E037 (9/01)