2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
03-24-2002 90064 019 ****61.25

DOCUMENT # N95000005985

1. Entity Name

FIFTY OVER FIFTY, INC.

Principal Place of Business	Mailing Address
3525 BAYSHORE VILLAS DR MIAMI FL 33133	3525 BAYSHORE VILLAS DR MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

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 65-0630460 ☐ 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
MADORSKY, MARSHA 2665 S BAYSHORE DR STE. #603 MIAMI FL 33133	Name: CFRA, LLC Street Address (P.O. Box Number is Not Acceptable): One Harbour Place, 777 S. Harbour Island Blvd. City: Tampa **FL** Zip Code: 33602

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 _____ Peter J. Winders 3/07/02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MELIN, OLGA 1800 NE 114 ST #1709 MIAMI FL 37181	change ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP and T LEONARD, MYRNA 12000 N. Bayshore Dr. #403 MIAMI FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IBARGUEN, SUSANA THREE GROVE ISLE DR. APT. 202 MIAMI FL 33133	change ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOTTLIEB, KAREN 7435 SW 54 Ave. MIAMI FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAPPER PATRICIA 1 GROVE ISLE DR. MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLECHMAN, RACHEL 5290 S.W. 84 St. MIAMI FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOFFMAN, DEBORAH 3525 BAYSHORE VILLAS DR MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Litt, BOBBI 2600 TOLEDO Street #6 CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, SUSAN 23 STAR ISLAND MIAMI BCH. FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Smith, JOAN PEVEN ONE GROVE ISLE DR. #309 MIAMI FL 33133	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIETO-MAERCKS, NITA 2467 S BAYSHORE DR MIAMI FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDING-JONES, PATRICIA 1717 N. BAYSHORE DR. # 1836 MIAMI FL 33132	☐ Change ☒ Addition

CR2E037 (9/01)

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: Deborah Hoffman, president March 2, 2002 (305)858-7298

342682

Attachment #N95000005985

FOR: 2002 Uniform Business Report Document N95000005985 Entity Name FIFTY OVER FIFTY, INC.
RE: Number 11

TITLE	D	TITLE	D
NAME	Bilzin, Marsha	NAME	Leone, Jacqueline
STREET ADDRESS	2324 N.Bay Rd.	STREET ADDRESS	5990 SW 129 Terr.
CITY-ST-ZIP	Miami Beach,FL 33140	CITY-ST-ZIP	Miami,FL 33156
TITLE	D	TITLE	D
NAME	Davidson, Laurie	NAME	Moses, Dale
STREET ADDRESS	11 E. Di Lido Dr.	STREET ADDRESS	One Grove Isle Dr. #1609
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	Miami,FL 33133
TITLE	D	TITLE	D
NAME	Fletcher, Jacqueline	NAME	Newhauser, Susan
STREET ADDRESS	3700 Is. Blvd.	STREET ADDRESS	One Arvida Parkway
CITY-ST-ZIP	NMB, FL 33160	CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	D	TITLE	D
NAME	Garrett, Barbara	NAME	Rossy, Alexa
STREET ADDRESS	301 Casuarina Ave.	STREET ADDRESS	900 Bay Drive #927
CITY-ST-ZIP	Coral Gables, FL 33143	CITY-ST-ZIP	Miami Beach, 33141
TITLE	D	TITLE	D
NAME	Kayyali, Susanne	NAME	Scholl, Debra
STREET ADDRESS	5920San Vincente	STREET ADDRESS	803 Di Lido Dr.
CITY-ST-ZIP	Coral Gables,FL33146	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D	TITLE	D
NAME	Leibowitz, Isabel	NAME	Traum, Judith
STREET ADDRESS	11410N.Bayshore Dr.	STREET ADDRESS	55 S. Prospect Drive
CITY-ST-ZIP	Miami,FL 33181	CITY-ST-ZIP	Miami,FL 33133