

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90507 001 \*\*\*420.00

**DOCUMENT # N96000001504**

1. Entity Name

**DEVELOPMENTAL DISABILITIES AND REHABILITATION SERVICES, INC.**

Principal Place of Business

Mailing Address

**1411 N.W. 14TH AVENUE  
 MIAMI FL 33125**

**1411 N.W. 14TH AVENUE  
 MIAMI FL 33125**

2. Principal Place of Business

**10899 S.W. 4th Street**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

4. FEI Number

**65-0727825**

Applied For

Not Applicable

Zip  
**33174**

Country

Zip

Country

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

**ANIELLO, JOSEPH A  
 1411 N.W. 14TH AVENUE  
 MIAMI FL 33125**

Name  
**Roy R. Lustig, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**2600 Douglas Road Suite 908**

City  
**Coral Gables, FL** Zip Code  
**33134**

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

**Roy R. Lustig, Esq.**

Signature, typed or printed name of registered agent and title acceptable.

(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  
**CD** ☒ Delete  
 NAME  
**SCHILLINGER, JACK**  
 STREET ADDRESS  
**1225 N.E. 93 ST.**  
 CITY-ST-ZIP  
**MIAMI FL 33138**

TITLE  
**C.D.** ☐ Change ☒ Addition  
 NAME  
**Norman Bonchick**  
 STREET ADDRESS  
**441 S.W. 12th Avenue**  
 CITY-ST-ZIP  
**Deerfield Beach, FL 33442**

TITLE  
**PMD** ☐ Delete  
 NAME  
**ANIELLO, JOSEPH A.**  
 STREET ADDRESS  
**1411 N.W. 14TH AVE.**  
 CITY-ST-ZIP  
**MIAMI FL 33125**

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

TITLE  
**ST** ☒ Delete  
 NAME  
**LUSTIG, ROY R.**  
 STREET ADDRESS  
**2600 DOUGLAS RD., #911**  
 CITY-ST-ZIP  
**CORAL GABLES FL 33134**

TITLE  
**ST** ☐ Change ☒ Addition  
 NAME  
**Craig Steinhart**  
 STREET ADDRESS  
**2501 N.E. 22nd Terrace**  
 CITY-ST-ZIP  
**Ft. Lauderdale, FL 33305**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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:**

**Joseph A. Aniello, PMD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-10-02** (305) 547-2185 Daytime Phone #

CR2E037 (9/01)