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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # N97000005079

1. Corporation Name

MIAMI BEACH CITIZENS ALLIANCE, INC.

Principal Place of Business

P.O. BOX 396073  
MIAMI BEACH FL 33239-8073

Mailing Address

C/O LINDA MARCH, ESO  
5601 COLLINS AVE #522  
MIAMI BEACH FL 33140



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

65-0861890

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCH, LINDA  
5601 COLLINS AVE #522  
MIAMI BEACH FL 33140

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HOFFMAN-HANSFORD, ROSEMARY

STREET ADDRESS 1500 BAY ROAD #664

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE

NAME JAFFE, SHELIA

STREET ADDRESS 1500 BAY ROAD #664

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE

NAME BERLINER, ARNOLD

STREET ADDRESS 9 ISLAND AVENUE #1005

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE T ☐ DELETE

NAME MARCH, LINDA

STREET ADDRESS 5601 COLLINS AVE, #522

CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LINDA MARCH 1/10/99

Date

Daytime Phone #

305-867-9917

CR2E037 (1/98)