

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90062 016 ****61.25

304991 - 90062 - 10



DOCUMENT # N97000006933

1. Corporation Name

UPPER EASTSIDE MIAMI COUNSEL, INC.

Principal Place of Business

**720 NORTHEAST 69TH STREET
MIAMI FL 33138**

Mailing Address

**720 NORTHEAST 69TH STREET
MIAMI FL 33138**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

65-0819419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

**CRONIG, STEVEN C ESQ
C/O BAILEY & JONES
300 COURVOISIER CENTRE 501 BRICKY KEY DR
MIAMI FL 33131-2623**

10. Name and Address of New Registered Agent

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

David Treece

4-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☒ DELETE
NAME **CASE, BARBARA**
STREET ADDRESS **840 NORTHEAST 74TH STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **T** ☒ DELETE
NAME **DANIE, DWIGHT**
STREET ADDRESS **668 NORTHEAST 72ND STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **T** ☐ DELETE
NAME **FLANDERS, ROBERT**
STREET ADDRESS **720 NORTHEAST 69TH STREET, #5-N**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **T** ☐ DELETE
NAME **TALVITIE, HEIKKI**
STREET ADDRESS **1245 NORTHEAST 81ST TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE
NAME **TREECE, DAVID**
STREET ADDRESS **801 NORTHEAST 74TH STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

David Treece **SIGNATURE REQUIRED**

4-15-99

305-751-8855

CR2E037 (1/1/98)