

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90015 035 \*\*\*\*61.25

**DOCUMENT # N99000001799**

1. Entity Name

**ADVOCATES FOR THE DISABLED, INCORPORATED**

Principal Place of Business

Mailing Address

**400 SO. POINTE DR.,STE.501  
 MIAMI BEACH FL 33139**

**400 SO. POINTE DR.,STE.501  
 MIAMI BEACH FL 33139-7300**

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

**65-0962133**

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

Name

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

City

**FL**

Zip Code

**BLAKER, JEFFREY A ESQ.  
 111 LINCOLN RD. MALL,STE.802  
 FULLER,MALLER & ASSOC.,P.A.  
 MIAMI BEACH FL 33139**

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 \$61.25**

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

**P. D.  
 ERNST ROSENKRANTZ  
 400 SOUTHPOINTE DRIVE  
 MIAMI BEACH, FL 33139**

**SEC. D.  
 JEANNE ROSENKRANTZ  
 400 SOUTHPOINTE DRIVE  
 MIAMI BEACH FL 33139**

**GARY M. ROSENKRANTZ  
 13283 N.W. 18TH Street V.P.D.  
 Pembroke Pines, FL, 33028**

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/00 305-534-4333**  
 Date Daytime Phone #

CRZE037 (9/99)