

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90077 014 *****61.25

DOCUMENT # N99000006656

1. Entity Name

ALDERMAN'S BRIAR PATCH GROUP HOME, INC.

Principal Place of Business

**16402 BRIAR PATCH PLACE
MIAMI LAKES FL 33014**

Mailing Address

**16402 BRIAR PATCH PLACE
MIAMI LAKES FL 33014**

2. Principal Place of Business

18850 NW 84 Ave
Suite, Apt. #, etc.

3. Mailing Address

5201 SW 195 Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0958467

Applied For

Not Applicable

Zip

33015

Country

Dade

Zip

33332

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALDERMAN, CORNELIA
16402 BRIAR PATCH PLACE
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name **Cornelia Alderman**
Street Address (P.O. Box Number is Not Acceptable)
5201 SW 195 Terrace
Fort Lauderdale
City **FL** Zip Code **33332**

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 **Mya Alderman**

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

(NOTE: Registered Agent signature required when reinstating)

3-15-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDERMAN, CORNELIA	
STREET ADDRESS	7450 SW 130TH AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALDERMAN, DAVID	
STREET ADDRESS	7450 SW 130TH AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHOUNG, THAD MINH L	
STREET ADDRESS	10420 SW 49 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEDINA, ELIZABETH	
STREET ADDRESS	16120 NW 17TH PLACE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILIADIS, ANASTASIA	
STREET ADDRESS	231 BRIXTON ROAD	
CITY-ST-ZIP	GARDEN CITY FL 11530	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcelo Kostzer	
STREET ADDRESS	7901 NW 53 COURT	
CITY-ST-ZIP	Lauderhill, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anastasia Iliadis	
STREET ADDRESS	231 Brixton Road	
CITY-ST-ZIP	Garden City, NY 11530	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Mya Alderman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

305-282-7469

Daytime Phone #

CR2E037 (10/00)