

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90355 004 \*\*\*\*70.00

**DOCUMENT # P18068**

1. Entity Name

**AMERICAN FRIENDS OF ALYN HOSPITAL, INC.**



Principal Place of Business

**19 WEST 44TH STREET  
SUITE 1418  
NEW YORK NY 10036**

Mailing Address

**19 WEST 44TH STREET  
SUITE 1418  
NEW YORK NY 10036**

2. Principal Place of Business

**51 EAST 42ND STREET**

Suite, Apt. #, etc.

**SUITE 308**

City & State

**NEW YORK NY**

Zip

**10017**

Country

3. Mailing Address

**51 EAST 42ND STREET**

Suite, Apt. #, etc.

**SUITE 308**

City & State

**NEW YORK NY**

Zip

**10017**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-6100833**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, ROBERT  
508 NE 195 ST.  
PVT  
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **BEVERLY FREEDMAN**

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

**780 NE 199TH STREET -#104**

City

**MIAMI**

FL

Zip Code

**33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Beverly Freedman*

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**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MR.	BLUM, SAMUEL	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		130 E. 67TH STREET	
CITY-ST-ZIP		NEW YORK NY 10021	
TITLE	MR.	GLUCK, A. STANLEY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		60 E. END AVENUE	
CITY-ST-ZIP		NEW YORK NY 10028	
TITLE	MS.	LANYARD, CATHY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		10 WILSHIRE DRIVE	
CITY-ST-ZIP		LIVINGSTON NJ 07039	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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		<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		

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:

SIGNATURE

*Samuel Blum*

CR2E037 (4/03)