

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90294 036 ****70.00

DOCUMENT # P29710

1. Entity Name

NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED, I

Principal Place of Business

**22 W. 21ST STREET
 NEW YORK NY 10010**

Mailing Address

**22 W. 21ST STREET
 NEW YORK NY 10010**

2. Principal Place of Business

above

3. Mailing Address

above

Suite, Apt. #, etc.
6th floor

Suite, Apt. #, etc.
6th floor

City & State
above

City & State
above

Zip
above

Country
New York

Zip
above

Country
USA

4. FEI Number **94-1384642**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSKIN, SOL
 % HALLMARK PRESS
 1337 NW 155TH DRIVE
 MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **P** ☐ Delete
 NAME **SANDLER, MARVIN**
 STREET ADDRESS **200 EAST END AVE., #9I**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☐ Delete
 NAME **MINTON, LESTER**
 STREET ADDRESS **64-39 ALDERTON ST.**
 CITY-ST-ZIP **REGO PARK NY**

TITLE **S** ☐ Delete
 NAME **DORFMAN, SHARI L**
 STREET ADDRESS **101 HIGH POINT DR.**
 CITY-ST-ZIP **SPRINGFIELD NJ**

TITLE **T** ☐ Delete
 NAME **BERMAN, MIMI C PHD**
 STREET ADDRESS **200 EAST END AVE., #9I**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Delete
 NAME **MARCHI, LORRAINE H.**
 STREET ADDRESS **22 W. 21ST STREET**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Delete
 NAME **COHEN, EVA**
 STREET ADDRESS **615 FORT WASHINGTON AVE.**
 CITY-ST-ZIP **NEW YORK NY**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 212-889-3141
 Date Daytime Phone #

CR2E037 (10/00)