

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

0017016

DOCUMENT # P29710

1. Entity Name
NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED, INC.



FILED

03 NOV -3 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**22 W. 21ST STREET
6TH FLOOR
NEW YORK NY 10010
US**

Mailing Address
**22 W. 21ST STREET
6TH FLOOR
NEW YORK NY 10010
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-1384642**

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



REINSTATEMENT 3
CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ROSIN, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sol Rosin* DATE **10/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**900023799409
10/14/03--01071--004 **\$61.25
Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDLER, MARVIN 200 EAST END AVE., #9I NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINTON, LESTER 64-39 ALDERTON ST. REGO PARK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORFMAN, SHARI L 101 HIGH POINT DR. SPRINGFIELD NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERMAN, MIMI C PHD 200 EAST END AVE., #9I NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHI, LORRAINE H. 22 W. 21ST STREET NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, EVA 615 FORT WASHINGTON AVE. NEW YORK NY	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900023799409 10/14/03--01071--003 **\$175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mimi Berman 200 East End Ave, #9I New York, NY 10128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa S. Gamell, M.D. 444 East 82nd Street, #7D New York, NY 10028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ira W. Krauss 183 Grant Ave New Providence, NJ 07974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Lorraine H. Marchi 22 West 21st Street New York, NY 10010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cesar Gomez 22 West 21st Street New York, NY 10010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wanda [Signature]* DATE **10/8/03** (212) 889-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)