

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008599

1. Entity Name

THE ASSOCIATION OF DIVORCED AMERICAN PARENTS, IN

Principal Place of Business

540 W. 51 TERRACE
MIAMI BEACH FL 33140
US

Mailing Address

540 W. 51 TERRACE
MIAMI BEACH FL 33140
US

2. Principal Place of Business

15500 NEW BARN RD
SUITE #207
MIAMI LAKES
33014 MIAMI-DADE

3. Mailing Address

15500 NEW BARN RD
SUITE #207
MIAMI LAKES
33014 MIAMI-DADE

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90146 003 ***150.00



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES

City & State

MIAMI LAKES

4. FEI Number

65-0568204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAKER, JEFFREY A
1111 LINCOLN RD
802 SUN BANK BLDG
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

BLAKER, JEFFREY A.

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

15500 NEW BARN RD #207

MIAMI LAKES

City

FL

Zip Code

33014

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

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

JEFFREY A. BLAKER
(NOTE: Registered Agent signature required when reinstating)

4/24/01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MALLAH, JOHN D	
STREET ADDRESS	540 W 51ST TER	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKER, JEFFREY A	
STREET ADDRESS	540 W 51ST TER	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLAH JOHN D.	
STREET ADDRESS	6 SAINT MARTIN CIR	
CITY-ST-ZIP	ENGLEWOOD FL 33423	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKER JEFFREY A	
STREET ADDRESS	9117 FROUDE AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John D. Mallah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. MALLAH 4/24/01
Date

305-698-9939
Daytime Phone #

0172503

CR2E034 (10/00)