NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 711005

1. Corporation Name									
LEGAL SERVICES OF GREATER MIAMI, INC.						378524 - 90157		į.	
Provide At Attended to the state of the stat						3/8524 - 9015/	- 49		
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Principal Place of Business Mailing Address							•		
3000 BISCAYNI	BLVD.	3000 BISCAYNE BLVD.				. I PER (12 (BER)) (HOR) (HE)( BER)( BER)( BILL BILL BILL BILL BILL BILL BILL BIL	KAN BURK BURK BURK		
STE. 500		STE. 500		:					
MIAMI FL 33137 MIAMI FL 33137						) 18841 18451 (1881 1181) 8814 8818 241 P.O.	1911 61911 61811 61811	B1 B11 18 B1	
1		,							
2 Dringing D	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed	······································		
<del></del>	ace of business	26				06/07/1966			
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number	App	lied For	
22	., 0.0.	27				59-1086719	<del>                                  </del>	Applicable	
City & State	•	City & State		_		5 0 11 1 10 1 10 1	\$8.75 Ac	ditional	
23		28				5. Certificate of Status Desired X	Fee Req	uired	
Zip	Country	Zip	Count	iry	-	6. Election Campaign Financing	\$5.00 N	May Be	
24	25	29	0			Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent		
				11 Nam	ie		e e		
CYPEN, MARCIA K				2 Stree	et Addre	ss (P.O. Box Number is Not Acceptable)			
3000 BISCAYNE BLVD.									
SUITE 500			.   8	13		<u>.</u> %			
MIAMI FL 33137			8	34 City			. 85 Zip Co	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of Section 617.0503. Florida Statutes.							egistered istered		
agent. I am familiar with any accept the obligations of Section 617.0503. Florida Statutes					, porazo	1/1	100		
SIGNATURE V				4/14/0[					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				gent signatu	periuper er	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	2S IN 12	
12. OFFICERS AND DIRECTORS  THE PD DELETE				<del></del>	PD	ADDITIONS/CHANGES TO OTTICEND	Change	Addition	
TITLE	PD NOTOD 14	- CT DECEIE	1.1 TITLE 1.2 NAM			WADDITCORN DITTADDUU	and our		
NAME						HWABEDISSEN, ELIZABETH DRNO & ZEDER 2601 S. BAYS		1600	
STREET ADDRESS PODHURST, ORSECK & JOSEFSBERG PA				EET ADORES			SHOKE DK	1000	
CITY-ST-ZIP	MIAMI FL VD	☐ DELETE	2.1 TITL	-ST-ZIP	AD ATT	AMI FL	(X) Change	Addition	
TITLE	YATES, DONALD E					CHINCPON I VIN			
NAME	AGO ADDEL DOLITICI AND					ASHINGTON, LYNN OLLAND & KNIGHT 701 BRICKELL AVENUE			
STREET ADDRESS	KEY WEST FL					IAMI FL			
CITY-ST-ZIP	VD VD	☐ DELETE	3.1 TITL		VD	WIL FL	Change	Addition	
NAME	MORRISON, EURLINE		3.2 NAM			LLIAMS, STARLETTE	***		
	953 NE 111TH ST			- Eet addre:		65 NW 22 COURT			
CITY-ST-ZIP	MIAMI FL	,	•	-ciadora. ∕∙st-zip		AMI FL		,	
TITLE	TD TD	DELETE	4.1 TITL		TD		(A) Change	Addition	
1	SCHWABEDISSEN, ELIZABETH		4. 2 NAN	AE.		RTINAS ANCEI			
NAME	SCHWABEDISSEN, ELIZABETH		4. 2 NAN	Æ	CO	RTINAS, ANGEL			

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

MIAMI FL

KEY WEST FL

YATES, DONALD E

611 EATON STREET

SD

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIAMI FL

MIAMI FL

MOSS, TONY

851 NE 118 ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADORNO & ZEDER 2601 S BAYSHORE DR 1600

4/2/99

US ATTORNEY"S OFFICE 99 NE 4 STREET

Daytime Phone #

Change

Change

**FILED** 

04-21-1999 90157 049 \*\*\*\*70.00

Apr 21, 1999 8:00 am § Secretary of State

R2E037 (11/98)

☐ Addition

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