

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90168 050 \*\*\*\*61.25

**DOCUMENT # 753998**

1. Entity Name

**SOUTH FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMIN**

940201



DO NOT WRITE IN THIS SPACE

Principal Place of Business 701 BRICKELL AVE. 3000 MIAMI FL 33131 US	Mailing Address 701 BRICKELL AVE. 3000 MIAMI FL 33131-2847 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-2062025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HOFFMAN, CLAUDIA**  
**701 BRICKELL AVE.**  
**SUITE 3000**  
**MIAMI FL 33131**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEBASTIAN, JUDITH A</b> <b>200 SO BISCAYNE BLVD SUITE 3100</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COHEN, BETSY</b> <b>2601 SOUTH BAYSHORE DRIVE, 19 FLOOR</b> <b>MIAMI FL 33133</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HIRSCH, DAVID E</b> <b>1221 BRICKELL AVE., SUITE 2200</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LOPEZ, GRACE</b> <b>701 BRICKELL AVE., SUITE 2100</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUERRA, PHIL</b> <b>2601 S. BAYSHORE DRIVE, SUITE 1600</b> <b>MIAMI FL 33133</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORAN, MARILYN</b> <b>80 SW 8TH ST SUITE 2550</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PHYLLIS AFFINITO</b> <b>201 S BISCAYNE BLVD #2200</b> <b>MIAMI FL 33131-4336</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VICKI SMITH-BELT</b> <b>201 S BISCAYNE BLVD #2400</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLAUDIA HOFFMAN</b> <b>701 BRICKELL AVE #3000</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 an officer I am empowered.

**SIGNATURE:** *David E Hirsch* **DAVID E HIRSCH** 4/12/00 305-789-5499