

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0021187

**DOCUMENT # 753998**

1. Entity Name

**SOUTH FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMIN  
ISTRATORS, INC.**

04-09-2002 90056 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O SHOOK HARDY AND BACON  
201 S BISCAYNE BLVD #2400  
MIAMI FL 33131  
US

C/O SHOOK HARDY AND BACON  
201 S BISCAYNE BLVD #2400  
MIAMI FL 33131  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2062025**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**SMITH-BILT, VICKI**  
**201 S BISCAYNE BLVD #2400**  
**MIAMI FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	AFFINITO, PHYLLIS	
STREET ADDRESS	201 S BISCAYNE BLVD #2200	
CITY-ST-ZIP	MIAMI FL 33131-4336	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH-BILT, VICKI	
STREET ADDRESS	201 S BISCAYNE BLVD #2400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIRSCH, DAVID E	
STREET ADDRESS	1221 BRICKELL AVE., SUITE 2200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, GRACE	
STREET ADDRESS	701 BRICKELL AVE., SUITE 2100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, CLAUDIA	
STREET ADDRESS	701 BRICKELL AVE #3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABRAHAMS, SHARON M	
STREET ADDRESS	201 S BISCAYNE BLVD #2200	
CITY-ST-ZIP	MIAMI FL 33131-4336	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE R. WEBER	
STREET ADDRESS	200 S BISCAYNE BLVD #2500	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**DAVID E. HIRSCH** 3/29/02 305-789-5499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)