

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91051 042 \*\*\*\*61.25

**DOCUMENT # 753998**



1. Entity Name  
**SOUTH FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.**

Principal Place of Business  
**C/O SHOOK HARDY AND BACON  
201 S BISCAYNE BLVD #2400  
MIAMI FL 33131  
US**

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



CHECK HERE IF MAKING CHANGES

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

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

**SMITH-BILT, VICKI  
201 S BISCAYNE BLVD #2400  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AFFINITO, PHYLLIS</b>		NAME <b>DASHER, LISA</b>	
STREET ADDRESS <b>201 S BISCAYNE BLVD #2200</b>		STREET ADDRESS <b>2900 MIDDLE STREET - 5TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI FL 33131-4336</b>		CITY-ST-ZIP <b>MIAMI, FL 33133</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SMITH-BILT, VICKI</b>		NAME <b>SHEETS, CAROLE M.</b>	
STREET ADDRESS <b>201 S BISCAYNE BLVD #2400</b>		STREET ADDRESS <b>7990 RED ROAD</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>MIAMI, FL 33143</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HIRSCH, DAVID E</b>		NAME	
STREET ADDRESS <b>1221 BRICKELL AVE., SUITE 2200</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LOPEZ, GRACE</b>		NAME <b>MINGO, CHERYL E.</b>	
STREET ADDRESS <b>701 BRICKELL AVE., SUITE 2100</b>		STREET ADDRESS <b>2 SOUTH-BISCAYNE BLVD # 1570</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEBER, MICHELLE R</b>		NAME	
STREET ADDRESS <b>200 S BISCAYNE BLVD #2500</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABRAHAMS, SHARON M</b>		NAME	
STREET ADDRESS <b>201 S BISCAYNE BLVD #2200</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131-4336</b>		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 another like empowered.

SIGNATURE: *DAVID E. HIRSCH* **DAVID E. HIRSCH** 4/18/03 305-789-5499

CR2E037 (10/02)