

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765677

1. Entity Name

AMERICAN IMMIGRATION LAWYERS ASSOCIATION, SOUTH

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90004 038 ****61.25

Principal Place of Business % JEFFREY A. BERNSTEIN 100 N BISCAYNE BLVD #2608 MIAMI FL 33132 US	Mailing Address % JEFFREY A. BERNSTEIN 100 N BISCAYNE BLVD #2608 MIAMI FL 33132-2306 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2237894	Applied For <input type="checkbox"/> Not Applicable
5.- Certificate of Status Desired <input type="checkbox"/> -- \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERNSTEIN, JEFFREY A. 100 N. BISCAYNE BLVD STE 2608 MIAMI FL 33132	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, JONATHON 155 S. MIAMI AVE. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, Maria R. 16400 N.W. 32 Avenue Opa-Locka, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO, LUIS 1401 BRICKELL AVE #300 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAKER, Rebecca 1221 Brickell Avenue Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHATTERJEA, MAYA 999 PONCE DE LEON BLVD #1015 MIAMI FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY, Michael D. 124 S. Miami Avenue Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVO, MARIO M. 2425 CORAL WAY MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSTEIN, JEFFREY A 100 N BISCAYNE BLVD., #1707 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY, MICHAEL 155 S MIAMI AVE #PH1 MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAMER, Mary E. 330 Biscayne Blvd., #310 Miami, FL 33132 <input checked="" 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 all other like empowered.

SIGNATURE: Jeffrey A. Bernstein / Treasurer 305-371-4555 1/6/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)