

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90110 001 ****61.25

DOCUMENT # 765677

1. Entity Name

**AMERICAN IMMIGRATION LAWYERS ASSOCIATION, SOUTH
 FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

% JEFFREY A. BERNSTEIN
 100 N BISCAYNE BLVD #2608
 MIAMI FL 33132
 US

% JEFFREY A. BERNSTEIN
 100 N BISCAYNE BLVD #2608
 MIAMI FL 33132
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2237894

Applied For

Not Applicable

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

**BERNSTEIN, JEFFREY A.
 100 N. BISCAYNE BLVD
 STE 2608
 MIAMI FL 33132**

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

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 ☒ Delete
 NAME **P CASABLANCA, MARIA**
 STREET ADDRESS **444 BRICKELL AVENUE #616**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **P KRAMER, Mary**
 STREET ADDRESS **168 SE 1 Street**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE ☒ Delete
 NAME **D YAKER, REBECCA**
 STREET ADDRESS **1221 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **D DOMINGUEZ, Maria**
 STREET ADDRESS **16400 NW 32 Avenue**
 CITY-ST-ZIP **Opa-Locka, FL 33054**

TITLE ☒ Delete
 NAME **T BERNSTEIN, JEFFEREY A**
 STREET ADDRESS **100 NORTH BISCAYNE BLVD 2608**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☒ Addition
 NAME **D MARTINEZ-ESQUIVEL, Lourdes**
 STREET ADDRESS **2600 S. Douglas Road, #1108**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☒ Delete
 NAME **D ROSE, JONATHAN**
 STREET ADDRESS **155 SOUTH MIAMI AVENUE PH1**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Change ☒ Addition
 NAME **D ROSE, Jonathan**
 STREET ADDRESS **155 S. Miami Avenue, PH1**
 CITY-ST-ZIP **Miami, FL 33130**

TITLE ☒ Delete
 NAME **D YAKER, REBECCA**
 STREET ADDRESS **1221 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **T BERNSTEIN, Jeffrey A**
 STREET ADDRESS **100 N. Biscayne Blvd. #2608**
 CITY-ST-ZIP **Miami, FL 33132**

TITLE ☒ Delete
 NAME **D DEVORE, JEFFREY**
 STREET ADDRESS **2555 PALM BEACH LAKES BLVD. 1501**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☒ Addition
 NAME **S DEVORE, Jeffrey**
 STREET ADDRESS **2555 Palm Beach Lakes Blvd, #1501**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

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 Bernstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)