

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33342

1. Entity Name

SOUTH FLORIDA ALA CHARITY FUND INCORPORATED

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

04-18-2000 90167 032 ****61.25

Principal Place of Business

Mailing Address

C/O HOLLAND & KNIGHT LLP
 701 BRICKELL AVE #3000
 MIAMI FL 33131
 US

C/O HOLLAND & KNIGHT LLP
 701 BRICKELL AVE #3000
 MIAMI FL 33131-2847
 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

65-0145698

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

HOFFMAN, CLAUDIA
701 BRICKELL AVENUE
#3000
MIAMI FL 33131

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 **D** Delete
 NAME **MORAN, MARILYN**
 STREET ADDRESS **80 SW 8TH ST #2550**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **HOFFMAN, CLAUDIA**
 STREET ADDRESS **701 BRICKELL AVE #3000**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COHEN, BETSY**
 STREET ADDRESS **2601 S BAYSHORE DR #1900**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **P** Change Addition
 NAME **GRACE LOPEZ**
 STREET ADDRESS **701 BRICKELL AVE #2100**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **T** Delete
 NAME **HIRSCH, DAVID**
 STREET ADDRESS **1221 BRICKELL AVE #2200**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SHEETS, CAROLE**
 STREET ADDRESS **80 SW 8TH ST #2900**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **S** Change Addition
 NAME **PHYLLIS AFFINITO**
 STREET ADDRESS **201 S BISCAYNE BLVD #2200**
 CITY-ST-ZIP **MIAMI FL 33131-4336**

TITLE **D** Delete
 NAME **SMITH-BILT, VICKI**
 STREET ADDRESS **201 S BISCAYNE BLVD #2400**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change 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
DAVID E HIRSCH 4/14/00 305-789-5499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)