

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90216 039 ****61.25

DOCUMENT # N95000003664

1. Entity Name

FLORIDA IMMIGRANT ADVOCACY CENTER, INC.

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Principal Place of Business 3000 BISCAYNE BLVD #400 MIAMI FL 33137	Mailing Address 3000 BISCAYNE BLVD #400 MIAMI FL 33137
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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

4. FEI Number **65-0610872** 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

**CASSIDY, CATHERINE
2311 OAK DRIVE
FORT PIERCE FL 34949**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 PD	NAME MATAS, RAQUEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2333 PONCE DE LEON BLVD #650	CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VD	NAME WHITEHEAD, PRISCILLA	<input type="checkbox"/> Delete
STREET ADDRESS 501 96 ST	CITY-ST-ZIP BAL HARBOUR FL 33154	
TITLE STD	NAME SMITH, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS 2850 SW 27 AVENUE, 2ND FLOOR	CITY-ST-ZIP MIAMI FL 33133	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

TITLE PD	NAME Janet McAuley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS III Grove Isle Dr #807	CITY-ST-ZIP Miami FL 33133	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME Smith, Frank	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS same address	CITY-ST-ZIP	
TITLE TD	NAME Antonio Prado	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS P.O. Box 557035	CITY-ST-ZIP Miami FL 33255	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *X* **SIGNATURE REQUIRED** *8/14/00 (305) 446 9136*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)