

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90175 043 ****70.00

DOCUMENT # N95000003664

1. Entity Name
FLORIDA IMMIGRANT ADVOCACY CENTER, INC.



Principal Place of Business

**3000 BISCAYNE BLVD
#400
MIAMI FL 33137**

Mailing Address

**3000 BISCAYNE BLVD
#400
MIAMI FL 33137**

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)

31 Woodland #206

City **Vero Beach**

FL

Zip Code **32962**

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 *Catherine Cassidy*
Signature, typed or printed name of registered agent and title if applicable.

Catherine Cassidy
(NOTE: Registered Agent signature required when reinstating)

1/24/03
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 **PD** ☒ Delete
NAME **MCALILEY, JANET**
STREET ADDRESS **3 GROVE ISLE DR #807**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WHITEHEAD, PRISCILLA**
STREET ADDRESS **501 96 ST**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **IBARRA, BARBARA**
STREET ADDRESS **11000 SW 57 AVENUE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **PRADO, ANTONIO**
STREET ADDRESS **PO BOX 557035**
CITY-ST-ZIP **MIAMI FL 33255**

TITLE **TD** ☐ Change ☒ Addition
NAME **Pedro Freyre**
STREET ADDRESS **1 SE 3rd Ave.**
CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Judy Gilbert Gould**
STREET ADDRESS **4200 Biscayne Blvd.**
CITY-ST-ZIP **Miami FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Priscilla T. Felisberg Whitehead*

1/21/03

(305) 866-0321

CR2E037 (10/02)