

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 04, 2000 08:00 AM
Secretary of State**

DOCUMENT # N98000003110

1. Entity Name
ALLIANCE FOR ADA COMPLIANCE, INCORPORATED

Principal Place of Business 1661 NW 100TH TERRACE PLANTATION FL 333226508	Mailing Address 1661 NW 100TH TERRACE PLANTATION FL 333226508
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0918325	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAKER JEFFREY AESQ
1111 LINCOLN ROAD MALL, SUITE 802
MIAMI BEACH FL 33139 US

7. Name and Address of New Registered Agent

Name
BLAKER JEFFREY AESQ

Street Address (P.O. Box Number is Not Acceptable)
1111 LINCOLN ROAD MALL, SUITE 802

City
MIAMI BEACH FL Zip Code
33139

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 **01/04/2000**

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**

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			
TITLE	D <input type="checkbox"/> Delete		
NAME	RIVERA VATRICE		
STREET ADDRESS	2445 SW 18 TERRACE APT 701		
CITY-ST-ZIP	FORT LAUDERDALE FL 333152239		
TITLE	D <input type="checkbox"/> Delete		
NAME	BROWN KEISHA		
STREET ADDRESS	2941 NW 24 STREET		
CITY-ST-ZIP	FORT LAUDERDALE FL 33331		
TITLE	D <input type="checkbox"/> Delete		
NAME	GARON JOHN		
STREET ADDRESS	1661 NW 100TH TERRACE		
CITY-ST-ZIP	PLANTATION FL 333226508		
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

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