

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 19, 2000 8:00 am
Secretary of State
 04-19-2000 90029 039 ****61.25

DOCUMENT # 703647

1. Entity Name

UNITED WAY OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

1 SE 3RD AVE #2000
 P.O. BOX 010790
 MIAMI FL 33101-7790

1 SE 3RD AVE #2000
 P.O. BOX 010790
 MIAMI FL 33131-1704

2. Principal Place of Business

3250 SW 3rd Ave

Suite, Apt. #, etc.

3. Mailing Address

3250 SW 3rd Ave

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

59-0830840

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOGUL, HARVE A
1 SE 3RD AVENUE, SUITE 2000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3250 SW 3rd Ave

City

MIAMI

FL

Zip Code

33129

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]

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MOGUL, HARVE A	
STREET ADDRESS	1 SE E. 3RD AVENUE #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BASS, HILARIE	
STREET ADDRESS	1221 BRICKELL AVE, #20TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, EDDIE T	
STREET ADDRESS	1450 NE 2ND AVE, ROOM 914	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HENRIQUES, ADOLFO	
STREET ADDRESS	1221 BRICKELL AVE, #12TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
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	Chairman of Board	
STREET ADDRESS	Lacher, Joseph	
CITY-ST-ZIP	150 West Flagler Street, Suite 1901	
	MIAMI, Florida 33130 "D"	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bermont, Peter L.	
STREET ADDRESS	1 S.E. 3rd Ave, Suite 2950	
CITY-ST-ZIP	MIAMI, FL 33141-1740 "D"	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Osborn, Michael	
STREET ADDRESS	22 E. Flagler Street	
CITY-ST-ZIP	MIAMI, FL 33131 "D"	
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)(1), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)