

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90169 048 ****61.25

DOCUMENT # 728578

1. Entity Name

THE CLINTON ASSOCIATION, INC.

Principal Place of Business

6545 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141

Mailing Address

6545 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1521822

Applied For

Not Applicable

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

Name

Dolores Milanes

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

6545 Indian Creek Dr # 209

City

miami Beach

FL

Zip Code

33141

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

Dolores Milanes

1-22-01

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	TD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LOUIS	
STREET ADDRESS	10441 SW 52 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAUL, JORGE	
STREET ADDRESS	6545 INDIAN CREEK DR #206	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, ERNIE	
STREET ADDRESS	6545 INDIAN CREEK DR 509	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEL CASTILLO, RAIMUNDO	
STREET ADDRESS	8095 SW 89 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALFARONE, FRANK	
STREET ADDRESS	61-15 97 AVE #14E	
CITY-ST-ZIP	REDO PARK NY	
TITLE	BM	<input type="checkbox"/> Delete
NAME	COSTALES, GLADYS	
STREET ADDRESS	1623 COLLINS AVE., #714	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Elena Lago	
STREET ADDRESS	6545 Indian Creek Dr #509	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dolores milanes	
STREET ADDRESS	6545 Indian Creek Dr #209	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nora Fernandez	
STREET ADDRESS	6545 Indian Creek #508	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alicia Lange	
STREET ADDRESS	6545 Indian Creek #205	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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.

SIGNATURE:

Maria Elena Lago

1-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)