

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90098 014 \*\*\*\*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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILANES, DOLORES**

**6545 INDIAN CREEK #209**

**MIAMI FL 33141**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DOLORES MILANES (PRESIDENT)** **Dolores Milanes 2-28-2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**  
NAME **LAGO, MARIA E**  
STREET ADDRESS **6545 INDIAN CREEK DR #509**  
CITY-ST-ZIP **MIAMI FL 33141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **PD**  
NAME **MILANES, DOLORES**  
STREET ADDRESS **6545 INDIAN CREEK DR #209**  
CITY-ST-ZIP **MIAMI FL 33141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VP**  
NAME **FERNANDEZ, NORA**  
STREET ADDRESS **6545 INDIAN CREEK DR 509**  
CITY-ST-ZIP **MIAMI FL 33141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **SD**  
NAME **LANGE, ALICIA**  
STREET ADDRESS **6545 INDIAN CREEK #205**  
CITY-ST-ZIP **MIAMI FL 33141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **BM**  
NAME **COSTALES, GLADYS**  
STREET ADDRESS **1623 COLLINS AVE., #714**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: **Dolores Milanes (PRESIDENT)** **DOLORES MILANES 2/28/2003 2:05 811 9000**

CR2E037 (10/02)