

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765677

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC9703978861**

**Entity Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

JEFFREY A. BERNSTEIN  
100 N BISCAYNE BLVD #1602  
MIAMI, FL 33132

**Current Mailing Address:**

JEFFREY A. BERNSTEIN  
100 N BISCAYNE BLVD #1602  
MIAMI, FL 33132 US

**FEI Number: 59-2237894**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BERNSTEIN, JEFFREY A ESQ.  
100 N. BISCAYNE BLVD  
SUITE 1602  
MIAMI, FL 33132 US

*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: JEFFREY A. BERNSTEIN**

**01/06/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHARPLESS, REBECCA  
Address 1311 MILLER ROAD  
City-State-Zip: CORAL GABLES FL 33146

Title T  
Name BERNSTEIN, JEFFREY A  
Address 100 N. BISCAYNE BLVD.  
1602  
City-State-Zip: MIAMI FL 33132

Title D  
Name ORTIZ, MICHELLE  
Address 3000 BISCAYNE BLVD  
SUITE 400  
City-State-Zip: MIAMI FL 33137

Title D  
Name HARRIS, MICHAEL  
Address 100 SE 2ND STREET  
SUITE 3400  
City-State-Zip: MIAMI FL 33131

Title FIRST V.P.  
Name VASTINE, MICHAEL  
Address 16401 NW 37 AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR  
Name SANCHEZ-ROIG, REBECCA  
Address 2121 SW 3 AVENUE  
SUITE 600  
City-State-Zip: MIAMI FL 33129

Title PRESIDENT ELECT  
Name CHUNG, SUI  
Address 2964 AVIATION AVE  
301  
City-State-Zip: MIAMI FL 33133

Title D  
Name PINTO, GABRIELA V  
Address 2650 SW 27 AVENUE  
2ND FLOOR  
City-State-Zip: MIAMI FL 33133

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BERNSTEIN, JEFFREY A.**

**T**

**01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECOND VICE-PRESIDENT  
Name MONTAVON-MCKILLIP, ANDREA  
Address 7900 NOVA DRIVE  
SUITE 205  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR  
Name SANTANA, ELINA  
Address 3663 SW 8TH STREET  
SUITE 206  
City-State-Zip: MIAMI FL 33135

Title D  
Name ARIAS, MAGGIE  
Address 2937 SW 27 AVENUE  
SUITE 206  
City-State-Zip: MIAMI FL 33133

Title SECRETARY  
Name ALDEN, CHRISTINE  
Address 1401 BRICKELL AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name LAMMERS, KARLA  
Address 2828 CORAL WAY  
SUITE 410  
City-State-Zip: CORAL GABLES FL 33145

Title D  
Name DEL CASTILLO-HRONSKY, CLAUDIA  
Address 8950 SW 74 COURT  
SUITE 1702  
City-State-Zip: MIAMI FL 33156