Entity Name: MIAMI-DADE URBAN DEBATE LEAGUE, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2525 PONCE DE LEON BLVD, STE 700 CORAL GABLES, FL 33134

DOCUMENT# N1500008499

Current Mailing Address:

2525 PONCE DE LEON BLVD, STE 700 CORAL GABLES, FL 33134

FEI Number: 47-5182053

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CLIFFORD A. SCHULMAN WEISS ONCE DE LEON BLVD, STE 700 CORAL GABLES, FL 33134 US

Certificate of Status Desired: No

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:

Officer/Director Detail :					
Title	D, CHAIRMAN	Title	D, VC		
Name	SCHULMAN, CLIFFORD A	Name	KING, BOBBIE L JR		
Address	2525 PONCE DE LEON BLVD, STE 700	Address	4200 WEST FLAGLER, LAW/SCS		
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33134		
Title	D	Title	D		
Name	BECERRA, JACQUELINE	Name	PEREZ, AMALDO		
Address	333 SE 2ND AVENUE, SUITE 4400	Address	3655 NW 87TH AVE		
	,	City-State-Zip:	MIAMI FL 33178-2428		
City-State-Zip:	MIAMI FL 33131	Title			
Title	D	Name	DIRECTOR, TREASURER REED, M DALE		
Name	SINGER, STUART		,		
Address	401 EAST OLAS BLVD,SUITE 1200	Address	LAS OLAS RIVERFRONT 300 SW 1ST AVE SUITE 106		
City-State-Zip:	FT. LAUDERDALE FL 33013	City-State-Zip:	FORT LAUDERDALE FL 33301		
Title	DIRECTOR	Title	DIRECTOR		
Name	MELENDEZ, JENNEFER	Name	FRAZER, ALEX		
Address	2525 PONCE DE LEON BLVD, STE 700	Address	2525 PONCE DE LEON BLVD, STE 700		
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134		
		•	•		

Continues on page 2

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: M. DALE REED

TREASURER

04/05/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 05, 2016 Secretary of State CC8799499071

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MEAD, GRACE	Name	LAMARRE, CAROLINE K
Address	2525 PONCE DE LEON BLVD, STE 700	Address	2525 PONCE DE LEON BLVD, STE 700
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	DIRECTOR
Name	STEINBERG, DAVID	Name	ESPINOSA, JUAN CARLOS
Address	2525 PONCE DE LEON BLVD, STE 700	Address	2525 PONCE DE LEON BLVD, STE 700
City-State-Zip:	CORAL GABLES FL 33134		
Title	DIRECTOR	City-State-Zip:	CORAL GABLES FL 33134
Name	HARRISON, MALOU	Title	DIRECTOR
Address	2525 PONCE DE LEON BLVD, STE 700	Name	MOTOLA, NIZA
City-State-Zip:	CORAL GABLES FL 33134	Address	2525 PONCE DE LEON BLVD, STE 700

City-State-Zip: CORAL GABLES FL 33134