## 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N32749

Entity Name: THE DADE COUNTY BAR ASSOCIATION

**FILED** Jul 09, 2019 **Secretary of State** 5621511482CC

## **Current Principal Place of Business:**

123 N. W. FIRST AVE.

STE. 214

MIAMI, FL 33128

## **Current Mailing Address:**

123 N.W. FIRST AVE

STE. 214

MIAMI, FL 33128 US

FEI Number: 59-0711420 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KIVIAT, JACQUELINE B 123 NW 1 AVE #214 MIAMI, FL 33128 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: JACQUELINE B. KIVIAT 07/09/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title PRESIDENT-ELECT

SQUIRES, GILBERT K. MUIR, JANE W. Name Name

1900 NORTH BAYSHORE DRIVE Address 1001 BRICKELL BAY DRIVE Address

**SUITE 1200** SUITE 1A

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33132

Title VΡ Title **TREASURER** 

PUGLISI, SABRINA RUSSOMANNO, SUZETTE Name Name

2333 PONCE DE LEON BLVD. Address 40 NW 3RD ST. Address PH 1

**SUITE 314** 

MIAMI FL 33128 CORAL GABLES FL 33134 City-State-Zip: City-State-Zip:

Title **SECRETARY** HOCKMAN, ERIC Name

Address 2525 PONCE DE LEON BLVD.

SUITE 700

CORAL GABLES FL 33134 City-State-Zip:

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: SUZETTE RUSSOMANNO

**TREASURER** 

07/09/2019