

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90029 039 \*\*\*\*61.25

**DOCUMENT # 703647**

1. Entity Name

**UNITED WAY OF DADE COUNTY, INC.**

Principal Place of Business

Mailing Address

1 SE 3RD AVE #2000  
 P.O. BOX 010790  
 MIAMI FL 33101-7790

1 SE 3RD AVE #2000  
 P.O. BOX 010790  
 MIAMI FL 33131-1704

2. Principal Place of Business

**3250 SW 3rd Ave**

3. Mailing Address

**3250 SW 3rd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**59-0830840**

Applied For

Not Applicable

Zip

**33129**

Country

**USA**

Zip

**33129**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOGUL, HARVE A**  
**1 SE 3RD AVENUE, SUITE 2000**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

**3250 SW 3rd Ave**

City

**Miami**

**FL**

Zip Code

**33129**

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

*[Handwritten Signature]*

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MOGUL, HARVE A	1 SE E. 3RD AVENUE #2000	MIAMI FL	<input type="checkbox"/>
CD	BASS, HILARIE	1221 BRICKELL AVE, #20TH FLOOR	MIAMI FL 33131	<input checked="" type="checkbox"/>
SD	PEARSON, EDDIE T	1450 NE 2ND AVE, ROOM 914	MIAMI FL 33132	<input checked="" type="checkbox"/>
TD	HENRIQUES, ADOLFO	1221 BRICKELL AVE, #12TH FLOOR	MIAMI FL 33130	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CHAIRMAN OF BOARD	Lacher, Joseph	150 West Flagler Street, Suite 1901	MIAMI, Florida 33130	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	Bermont, Peter L.	1 S.E. 3rd Ave, Suite 2950	MIAMI, FL 33131-1740	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	Osborn, Michael	22 E. Flagler Street	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)