

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 703647

FILED  
Feb 03, 2003  
Secretary of State

Entity Name: UNITED WAY OF MIAMI-DADE, INC.

**Current Principal Place of Business:**

3250 SW 3RD AVE  
THE ANSIN BLDG.  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

3250 SW 3RD AVE  
THE ANSIN BLDG.  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 59-0830840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOGUL, HARVE A  
3250 SW 3RD AVE  
MIAMI, FL 33129      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOGUL, HARVE A  
Address: 1 SE E. 3RD AVENUE #2000  
City-St-Zip: MIAMI, FL

Title: CBD ( ) Delete  
Name: HENRIQUES, ADOLFO  
Address: 2800 PONCE DE LEON BLVD, 15TH FLOOR  
City-St-Zip: MIAMI, FL 33134

Title: SD ( ) Delete  
Name: BERMONT, PETER L  
Address: 1 SE 3RD AVE STE-2950  
City-St-Zip: MIAMI, FL 331411740

Title: TD ( ) Delete  
Name: ARGIZ, TONY  
Address: 1001 BRICKELL BAY DRIVE, 9TH FLOOR  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HARVE A. MOGUL

P

02/03/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date