


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90151 004 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705461**  
 1. Corporation Name  
**UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.**

Principal Place of Business 1411 NORTHWEST FOURTEENTH AVENUE MIAMI FL 33125	Mailing Address 1411 NORTHWEST FOURTEENTH AVENUE MIAMI FL 33125
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/09/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0637822
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANIELLO, JOSEPH A 1411 N.W. 14 AVENUE MIAMI FL 33125		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHILLINGER, JACK		1.2 NAME	
STREET ADDRESS 1225 NE 93 STR		1.3 STREET ADDRESS	ADD ZIP CODE 33138
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANGEL, RICHARD		2.2 NAME	ADD ZIP CODE 33130
STREET ADDRESS 25 W. FLAGLER ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHILLINGER, MARJORIE		3.2 NAME	ADD ZIP CODE 33138
STREET ADDRESS 1225 N.E. 93RD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPIVAK, RUTH		4.2 NAME	ADD ZIP CODE 33446
STREET ADDRESS 7290 KINGHERST DRIVE, APT. 310		4.3 STREET ADDRESS	
CITY-ST-ZIP DELARY BEACH FL		4.4 CITY-ST-ZIP	
TITLE PMD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANIELLO, JOSEPH A		5.2 NAME	
STREET ADDRESS 1411 NW 14TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEIGMAN, HARRIET		6.2 NAME	ADD ZIP CODE 33183
STREET ADDRESS TOBY, 8246 MILLS DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)