

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90010 035 ****70.00

DOCUMENT # 705461

1. Entity Name

UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.

Principal Place of Business

Mailing Address

1411 NORTHWEST FOURTEENTH AVENUE
 MIAMI FL 33125

1411 NORTHWEST FOURTEENTH AVENUE
 MIAMI FL 33125-1616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0637822

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANIELLO, JOSEPH A
1411 N.W. 14 AVENUE
MIAMI FL 33125

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLINGER, JACK	NAME	
STREET ADDRESS	1225 NE 93 STR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANGEL, RICHARD	NAME	
STREET ADDRESS	25 W. FLAGLER ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLINGER, MARJORIE	NAME	
STREET ADDRESS	1225 N.E. 93RD ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVAK, RUTH	NAME	
STREET ADDRESS	7290 KINGHERST DRIVE, APT. 310	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	CITY-ST-ZIP	
TITLE	PMD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANIELLO, JOSEPH A	NAME	
STREET ADDRESS	1411 NW 14TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGMAN, HARRIET	NAME	
STREET ADDRESS	TCBY, 8246 MILLS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	

12. 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-2000 **305 325-1080**

CR2E037 (9/99)