

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90177 045 ****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

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V.D.	SPIVAK, RUTH	7290 KINGHERST DR. # 310	DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.D.	BLANZ, REGINA	4400 W. SAMPLER RD. #230	COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C.D.	BONCHICK, NORMAN	441 S.W. 12 AVE	DEERFIELD BCH, FL 33442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J.D.	STEINHART, CRAIG	2501 N.E. 22 TERR.	FT. LAUDERDALE, FL 33305	<input checked="" 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)(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 2/24/01 (305) 325-1080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)