

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90507 001 ***420.00

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

10899 S.W. 4th Street

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

59-0637822

Applied For

Not Applicable

Zip

33174

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Roy R. Lustig, Esq.

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

2600 Douglas Road, Suite 908

City Coral Gables,

FL

Zip Code 33134

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

Roy R. Lustig, Esq.

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	SD	<input type="checkbox"/> Delete
NAME	BLANZ, REGINA	
STREET ADDRESS	4800 CO. SAMPLE RD # 230	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BONEHICK, NORMAN	
STREET ADDRESS	441 S.W. 12 AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPIVAK, RUTH	
STREET ADDRESS	7290 KINGHERST DRIVE, APT. 310	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	PMD	<input type="checkbox"/> Delete
NAME	ANIELLO, JOSEPH A	
STREET ADDRESS	1411 NW 14TH AVE.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEINHART, CRAIG	
STREET ADDRESS	2501 B,E, 22 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steinhart, Craig	
STREET ADDRESS	2501 N.E. 22nd Terrace	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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
 Joseph A. Aniello, PMD 4-10-02 (305) 547-2185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)