

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90054 039 ****70.00



DOCUMENT # 705461				1. Entity Name UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.	
Principal Place of Business 10899 S.W. 4TH ST. MIAMI, FL 33174		Mailing Address 10899 S.W. 4TH ST. MIAMI, FL 33174			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0637822	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROY R. LUSTIG, ESQ. 2600 DOUGLAS RD, STE 908 CORAL GABLES, FL 33134			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONEHICK, NORMAN	NAME			
STREET ADDRESS	441 S.W. 12 AVE	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	VD <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	DELAWARE 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	PMD		
STREET ADDRESS	1411 NW 14TH AVE.	STREET ADDRESS	Aniello, Joseph A.		
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	10899 S.W. 4 Street		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINHART, CRAIG	NAME	Miami, Florida 33174		
STREET ADDRESS	2501 N.E. 22ND TERRACE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: _____			1-14-04 305 547-2189		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		