

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705461

FILED
Jan 05, 2006
Secretary of State

Entity Name: UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.

Current Principal Place of Business:

10899 S.W. 4TH ST.
MIAMI, FL 33174

New Principal Place of Business:

2700 WEST 81 STREET
HIALEAH, FL 33016

Current Mailing Address:

P.O. BOX 160879
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 59-0637822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROY R. LUSTIG, ESQ.
2600 DOUGLAS RD, STE 908
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: RANGEL, RICHARD
Address: 25 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33130

Title: CD () Delete
Name: BONCHICK, NORMAN
Address: 10742 ST. ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: SPIVAK, RUTH
Address: 7290 KINGHURST DRIVE, APT. 310
City-St-Zip: DELARY BEACH, FL 33446

Title: PMD () Delete
Name: ANIELLO, JOSEPH A
Address: 10899 SW 4 ST.
City-St-Zip: MIAMI, FL 33174

Title: TD () Delete
Name: STEINHART, CRAIG
Address: 2501 N.E. 22ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PMD (X) Change () Addition
Name: ANIELLO, JOSEPH A
Address: 2700 WEST 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. ANIELLO

DR.

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date