

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90226 022 \*\*\*\*70.00



**DOCUMENT # 705461**

1. Entity Name  
**UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.**

Principal Place of Business Mailing Address  
**10899 S.W. 4TH ST. MIAMI FL 33174** **1411 NORTHWEST FOURTEENTH AVENUE MIAMI FL 33125**

2. Principal Place of Business 3. Mailing Address  
**10899 S.W. 4 Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, FL**

Zip Country Zip Country  
**33174 Miami-Dade**

4. FEI Number **59-0637822** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ROY R. LUSTIG, ESQ.**  
**2800 DOUGLAS RD, STE 908**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE NAME	<b>S.D. Rangel, Richard</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>25 W. Flagler St. Miami, Florida 33130</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** 1-24-03 305 728-1536

CR2E037 (10/02)