

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90163 001 \*\*\*\*70.00

**DOCUMENT # 725758**

1. Entity Name

**THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTION**

Principal Place of Business

2801 N MIAMI AVE  
 MIAMI FL 33127  
 US

Mailing Address

2801 NORTH MIAMI AVENUE  
 MIAMI FL 33127-3931

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

**59-1718540**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SALIMINO, TOM**  
**10445 S.W. 114 TERRACE**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

**CAROL MURPHY**

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

**Coconut Grove Bank**

**2701 S. Bayshore Dr.**

City

**Coconut Grove**

**FL**

Zip Code  
**33133**

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

April 10, 2000

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	D	<input type="checkbox"/> Delete
NAME	<b>BAKER, RICK</b>	
STREET ADDRESS	<b>1380 N.E. MIAMI GARDENS DRIVE, #125</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>MILIAN, MARY H</b>	
STREET ADDRESS	<b>525 BARGELLO</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33147</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LEONOR, RIVACOBA M</b>	
STREET ADDRESS	<b>2000 N.W. 92 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SALIMINO, TOM</b>	
STREET ADDRESS	<b>10445 S.W. 14 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BERNSTEIN, HOWARD</b>	
STREET ADDRESS	<b>1500 N.W. 62 STREET, STE. 404</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>MURPHY, CAROL</b>	
STREET ADDRESS	<b>2701 S. BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Firpo Garcia, DDS</b>	
STREET ADDRESS	<b>13020 SW 88th Terrace</b>	
CITY-ST-ZIP	<b>Miami, Florida 33186</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Manuel Alonso-Poch</b>	
STREET ADDRESS	<b>2100 Ponce de Leon Blvd.</b>	
CITY-ST-ZIP	<b>Miami, Fla. 33186</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RICK BAKER</del>	
STREET ADDRESS	<del>1380 N.E. MIAMI GARDENS DRIVE, STE 125</del>	
CITY-ST-ZIP	<del>NORTH MIAMI BEACH, FL 33179</del>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Josie Ramirez</b>	
STREET ADDRESS	<b>1200 S. Alhambra Circle</b>	
CITY-ST-ZIP	<b>Coral Gables, Fl. 33146</b>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000

Date

Daytime Phone #

CR2E037 (9/99)