

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90010 019 \*\*\*\*70.00

**DOCUMENT # 725758**

1. Entity Name

**THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL**

*(Handwritten initials)*

Principal Place of Business

2901 N MIAMI AVE  
 MIAMI FL 33127  
 US

Mailing Address

2801 NORTH MIAMI AVENUE  
 MIAMI FL 33127-3931

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1715840**  
**59-1718640**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MURPHY, CAROL  
 COCONUT GROVE BANK  
 2701 S BAYSHORE DR  
 COCONUT GROVE FL 33133

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | TD                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BAKER, RICK                         |  |
| STREET ADDRESS | 1380 N.E. MIAMI GARDENS DRIVE, #125 |  |
| CITY-ST-ZIP    | NORTH MIAMI BEACH, FL 33179         |  |
| TITLE          | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GARCIA, FIRPO                       |  |
| STREET ADDRESS | 13020 S.W. 88 TERRACE               |  |
| CITY-ST-ZIP    | MIAMI, FL 33186                     |  |
| TITLE          | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RAMIREZ, JOSIE                      |  |
| STREET ADDRESS | 1200 S. ALHAMBRA CIRCLE             |  |
| CITY-ST-ZIP    | CORAL GABLES, FL 33146              |  |
| TITLE          | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PERRY, WILLIAM                      |  |
| STREET ADDRESS | 9822 N.E. 2 AVENUE, #1              |  |
| CITY-ST-ZIP    | MIAMI, FL 33138                     |  |
| TITLE          | D                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BERNSTEIN, HOWARD                   |  |
| STREET ADDRESS | 1970 LAS COLINAS WAY                |  |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33071             |  |
| TITLE          | SD                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MURPHY, CAROL                       |  |
| STREET ADDRESS | 2701 S. BAYSHORE DRIVE              |  |
| CITY-ST-ZIP    | COCONUT GROVE, FL 33133             |  |

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:

*(Handwritten Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(305) 448-4053

Daytime Phone #

CR2037 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725758

1. Entity Name

THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTION

Attachment Doc #  
725758

Principal Place of Business  
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MIAMI FL 33127  
US

Mailing Address  
2801 NORTH MIAMI AVENUE  
MIAMI FL 33127-3931

COO 11032

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

4. FEI Number ~~59-1715840~~  
~~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  
MURPHY, CAROL  
COCONUT GROVE BANK  
2701 S BAYSHORE DR  
COCONUT GROVE FL 33133

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>LEWIS, CLIFTON<br>50 N.W. 14 STREET<br>MIAMI, FL 33136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>ALONSO-POCH, MANUEL<br>2100 PONCE DE LEON BLVD., #1170<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>SHEA, SEAN<br>801 ARTHUR GODFREY ROAD, #660<br>MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BARROS, PIEDAD<br>2800 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BLUM, SAMUEL SPENCER<br>2666 TIGERTAIL AVENUE, #106<br>COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>QUANT, RUDY<br>1900 N.W. 92 AVENUE<br>MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                             |

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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

007853

CR2E637 (10/00)