


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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90082 007 ****61.25

DOCUMENT # 725758			
1. Entity Name THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED			
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 59-1715840		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURPHY, CAROL COCONUT GROVE BANK 2701 S BAYSHORE DR COCONUT GROVE FL 33133		Name HELENA DEL MONTE	
HELENA DEL MONTE 2801 N. MIAMI AVE MIAMI, FL 33127		Street Address (P.O. Box Number is Not Acceptable) 2801 N. MIAMI AVE	
		City MIAMI FL FL Zip Code 33127	
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 <i>Heleena Del Monte, Exec Dir.</i>		DATE 3-31-03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 ✓		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			



CHECK HERE IF MAKING CHANGES

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALONSO-POCH, MANUEL 2100 PONCE DE LEON BLVD. MIAMI FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEWIS, CLIFTON 50 NW 14TH ST. MIAMI FL 33136	<input type="checkbox"/> Delete	SEAN SCHEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, JOSIE 1200 S. ALHAMBRA CIRCLE CORAL GABLES FL 33146	<input type="checkbox"/> Delete	PIEDAD BARRIOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, WILLIAM 9822 NE 2ND AVE MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, HOWARD 1970 LAS COLINAS WAY POMPANO BEACH FL 33071	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, CAROL 2701 S. BAYSHORE DRIVE COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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)(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: *Heleena Del Monte* **REQUIRED** 3/31/03 305-444-4053

CR2E037 (10/02)