

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90050 022 \*\*\*\*61.25

**DOCUMENT # 734107**

1. Entity Name

**NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.**

Principal Place of Business

Mailing Address

415 W. 51ST PL.  
 HIALEAH FL 33012

415 W. 51ST PL.  
 HIALEAH FL 33012-3647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0904809**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PEREYRA-ALVAREZ, ROSANNA~~  
 415 W. 51ST PL.  
 HIALEAH FL 33012

Name **RUIZ, ANGELA R.**

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

415 W 51st PL

City **HIALEAH**

**FL**

Zip Code **33012**

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

*Angela R. Ruiz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/24/00*

**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	<b>EVP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PEREYARA-ALVAREZ, ROSANNA</b>
STREET ADDRESS	<b>415 W. 51ST PL</b>
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>DIAZ, NORKA M</b>
STREET ADDRESS	<b>124 E. 49TH STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>
TITLE	<del><b>PED</b></del> <input checked="" type="checkbox"/> Delete
NAME	<del><b>AMEJEIRAS, ISRAEL</b></del>
STREET ADDRESS	<del><b>3725 S. OCEAN DRIVE #324</b></del>
CITY-ST-ZIP	<del><b>HOLLYWOOD FL 33012</b></del>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>BRACKETT, MARIA ELENA</b>
STREET ADDRESS	<b>3295 W 4 AVE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SPENST, ILA J</b>
STREET ADDRESS	<b>9370 SUNSET DRIVE #266</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>EO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>RUIZ, ANGELA R.</b>
STREET ADDRESS	<b>415 W 51st PL</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33012</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<del><b>VP D</b></del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<del><b>BAZAN, JOSE J.</b></del>
STREET ADDRESS	<del><b>1800 W 49th ST #324-L</b></del>
CITY-ST-ZIP	<del><b>HIALEAH, FL 33012</b></del>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>GONZALEZ, ROBERTO C.</b>
STREET ADDRESS	<b>1840 W 49th ST #722</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33012</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>RODRIGUEZ, MANUEL O.</b>
STREET ADDRESS	<b>419 W 49th ST #415</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33012</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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)(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 empowers.

SIGNATURE:

*Robert C. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/2000*

Date

Daytime Phone #