

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0015658

DOCUMENT # 734107

1. Entity Name

NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.

03-28-2002 90015 044 ****61.25

Principal Place of Business

Mailing Address

415 W. 51ST PL.
 HIALEAH FL 33012

415 W. 51ST PL.
 HIALEAH FL 33012

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

59-0904809

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RUIZ, ANGELA R
415 W. 51ST PL.
HIALEAH FL 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)

03/15/02
 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	EO	<input type="checkbox"/> Delete
NAME	RUIZ, ANGELA R	
STREET ADDRESS	415 W. 51ST PL	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, MERCEDES	
STREET ADDRESS	419 W 49 ST #415	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LLORCA, GUIDO	
STREET ADDRESS	663 W 49 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRACKETT, MARIA E	
STREET ADDRESS	6405 NW 36 ST	
CITY-ST-ZIP	VIRGINIA GDNS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALONSO, ROBERTO	
STREET ADDRESS	16502 NW 82 PL	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guido Llorca	
STREET ADDRESS	663 W 49th St	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberto Alonso	
STREET ADDRESS	16502 NW 82 P1	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Landrian	
STREET ADDRESS	15770 SW 42 TE	
CITY-ST-ZIP	Miami, FL 33185	
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)(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:

Roberto Alonso
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02
 Date

305-823-6090
 Daytime Phone #

CR2E037 (9/01)