


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

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90096 005 ****61.25

DOCUMENT # 734107
1. Entity Name
NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC



DO NOT WRITE IN THIS SPACE

40014722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
415 W 51ST PL
Suite, Apt. #, etc.
200
City & State
Hialeah FL 33012
Zip
33012
Country
USA

3. Mailing Address
415 W 51ST PL
Suite, Apt. #, etc.
200
City & State
Hialeah FL 33012
Zip
33012
Country
USA

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

7. Name and Address of Current Registered Agent
Name
MARIA C SEVILLANO, Ed.D
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria C. Sevillano* DATE 2/9/07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requires when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATION EXECUTIVE MARIA C. SEVILLANO, Ed.D 415 W 51ST PL SUITE 200 Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA E. BRACKETT 15271 NW 60 AVE SUITE 107 MIAMI LAKES FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RAFAEL VALDES 15271 NW 60 AVE SUITE 107 MIAMI LAKES FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE DE LA FE, P.E. 6135 NW 167 ST #E 23 MIAMI LAKES FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MANUEL OSCAR RODRIGUEZ 419 W 49 ST UN # STE 105 Hialeah FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Maria C. Sevillano* DATE 2/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)