


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90206 041 ****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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0904809** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUIZ, ANGELA R
415 W. 51ST PL.
HIALEAH FL 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Angela R. Ruiz* DATE 04/28/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	EO	<input type="checkbox"/> Delete
NAME	RUIZ, ANGELA R	
STREET ADDRESS	415 W. 51ST PL	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANDRIAN, LUIS	
STREET ADDRESS	15770 SW 42 TE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GUIDO, LLORCA	
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	VPD	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juana M. Gonzalez	
STREET ADDRESS	648 E. 28th Street	
CITY-ST-ZIP	Hialeah, FL 33013	

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: *Angela R. Ruiz* DATE 04/28/03 305-557-1400

CR2E037 (10/02)