

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736779

1. Entity Name

DADE COUNTY BAIL BOND ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1246  
COCONUT GROVE FL 33233-1246

Mailing Address

P.O. BOX 1246  
COCONUT GROVE FL 33233-1246

2. Principal Place of Business

1524 NW 14 Ave  
Suite, Apt. #, etc. A

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

SAME

Zip

33125

Country

USA

Zip

33125

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

SHEPPARD, ED  
1445 NW 14 TERRACE  
MIAMI FL 33125

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.

SIGNATURE

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME WHITMAN, ART  
STREET ADDRESS 535 NW 12 AVENUE 1524 NW 14 Ave  
CITY-ST-ZIP MIAMI FL 33125 MIAMI FL 33125

TITLE VD ☐ Delete  
NAME MORRIS, BETH  
STREET ADDRESS P. O. BOX 1246, N/A  
CITY-ST-ZIP COCONUT GROVE FL

TITLE T ☐ Delete  
NAME GRUNDY, VIRGINIA  
STREET ADDRESS 1399 NW 17TH AVE, STE 302A  
CITY-ST-ZIP MIAMI FL 33125

TITLE SD ☐ Delete  
NAME CLEIN, FLO.  
STREET ADDRESS P. O. BOX 1246, N/A  
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.02 305 831.2261

Date

Daytime Phone #

CR2E037 (9/01)