2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90071 022 ****61.25

DOCUMENT # 748158

1. Entity Name

DADE ASSOCIATION OF LEGAL ASSISTANTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 110603 MIAMI, FL 33111 US	P.O. BOX 110603 MIAMI, FL 33111 US

A00064737

DO NOT WRITE IN THIS SPACE

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: 59-1985255 ☐ 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
ACEBO, WILLIAM 12827 S.W. 62ND LANE MIAMI, FL 33183	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LASZEWSKI, PATRICIA P.O.BOX 110603, MIAMI, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACEBO, WILLIAM 100 S. BISCAYNE BLVD., #1101, MIAMI,FL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	DVP ACEBO, WILLIAM 100 S. BISCAYNE BLVD., #1101 MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	DVP WIKEL BAXTER, JUDY 2 S. BISCAYNE BLVD., #2500 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY- ST- ZIP	DVP CONKLIN, AILEEN B. P.O.BOX 110603 MIAMI, FL 33111 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY- ST- ZIP	DVP TRIANA VALENCIA, GLORIA P.O.BOX 110603 MIAMI, FL 33111 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALKER, CAVELL E. P.O.BOX 110603 MIAMI, FL 33111 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY- ST- ZIP	D BUTTACAVOLI, DIANNE P.O.BOX 110603 MIAMI, FL 33111 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY- ST- ZIP	TD JENSEN, SANDRA A. P.O.BOX 110603 MIAMI, FL 33111 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	D WIKEL BAXTER, JUDY 2601 S. BAYSHORE DR., #600 MIAMI, FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: William Acebo 4/26/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM ACEBO, PRESIDENT