

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 748158**

1. Entity Name

DADE ASSOCIATION OF LEGAL ASSISTANTS, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90114 001 ****61.25

0037404

Principal Place of Business

P.O. BOX 110603
MIAMI FL 33111
US

Mailing Address

P.O. BOX 110603
MIAMI FL 33111
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

ACEBO, WILLIAM
12827 SW 62 LANE
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name **JUDY WIKEL BAXTER**

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

111 BRICKELL AVENUE, SUITE 2500City **MIAMI****FL**Zip Code
33131

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LASZEWSKI, PATRICIA S	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI FL 33111	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ACEBO, WILLIAM	
STREET ADDRESS	100 S BISCAYNE BLVD, #1101	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CONKLIN, AILEEN B	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI FL 33111	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, CAVELL E	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI FL 33111	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JENSEN, SANDRA A	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI FL 33111	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIKEL BAXTER, JUDY	
STREET ADDRESS	2601 S BAYSHORE DRIVE, #600	
CITY-ST-ZIP	MIAMI FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIKEL BAXTER, JUDY	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI, FL 33111	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIANA VALENCIA, GLORIA	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI, FL 33111	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE, KAREN M.	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI, FL 33111	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, SANDRA A.	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI, FL 33111	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEBO, WILLIAM	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI, FL 33111	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, MARIA H.	
STREET ADDRESS	P.O. BOX 110603	
CITY-ST-ZIP	MIAMI, FL 33111	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)