

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90010 037 \*\*\*\*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

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

~~WIKEL BAXTER, JUDY~~  
**411 BRICKELL AVENUE SUITE 2500**  
**MIAMI FL 33131**

Name  
**Corporate Creations Network, Inc.**

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

**941 Fourth Street, #200**

City  
**Miami Beach,**

**FL**

Zip Code  
**33139**

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 fee if applicable

**L. URIARTE, PRES.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/19/2002**

**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 PD ☒ Delete  
 NAME WIKEL BAXTER, JUDY  
 STREET ADDRESS P.O. BOX 110603  
 CITY-ST-ZIP MIAMI FL 33111

TITLE PD ☐ Change ☒ Addition  
 NAME Aida C. Palma  
 STREET ADDRESS P.O. Box 110603  
 CITY-ST-ZIP Miami, FL 33111

TITLE DVP ☒ Delete  
 NAME ACEBO, WILLIAM  
 STREET ADDRESS 100 S BISCAYNE BLVD, #1101  
 CITY-ST-ZIP MIAMI FL 33131

TITLE TD ☐ Change ☒ Addition  
 NAME Sandra Jensen  
 STREET ADDRESS P.O. Box 110603, Miami, FL 33111  
 CITY-ST-ZIP

TITLE DVP ☐ Delete  
 NAME TRIANA VALENCIA, GLORIA  
 STREET ADDRESS P.O. BOX 110603  
 CITY-ST-ZIP MIAMI FL 33111

TITLE SD ☐ Change ☒ Addition  
 NAME Ileana Castillo  
 STREET ADDRESS P.O. Box 110603  
 CITY-ST-ZIP Miami, FL 33111

TITLE SD ☒ Delete  
 NAME ROCHE, KAREN M  
 STREET ADDRESS P.O. BOX 110603  
 CITY-ST-ZIP MIAMI FL 33111

TITLE SD ☐ Change ☒ Addition  
 NAME Joanne Silva  
 STREET ADDRESS P.O. Box 110603  
 CITY-ST-ZIP Miami, FL 33111

TITLE D ☐ Delete  
 NAME ACEBO, WILLIAM  
 STREET ADDRESS P.O. BOX 110603  
 CITY-ST-ZIP MIAMI FL 33111

TITLE D ☐ Change ☒ Addition  
 NAME Linda N. Anderson  
 STREET ADDRESS P.O. Box 110603  
 CITY-ST-ZIP Miami, FL 33111

TITLE D ☒ Delete  
 NAME PEREZ, MARIA H  
 STREET ADDRESS PO BOX 110603  
 CITY-ST-ZIP MIAMI FL 33111

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: **Aida C. Palma**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02 (305) 995-5462**

Date

Daytime Phone #

CR2E037 (9/01)