

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750648

1. Entity Name

DADE COUNTY TRIAL LAWYERS, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90037 039 \*\*\*\*61.25

|                                                                |                                                                |
|----------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business                                    | Mailing Address                                                |
| 9130 SO DADELAND BLVD<br>STE 1623<br>MIAMI FL 33156-4818<br>US | 9130 SO DADELAND BLVD<br>STE 1623<br>MIAMI FL 33156-7851<br>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 | Applied For    |
| 59-1969292    | Not Applicable |

|                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---------------------------------------------------------|

6. Name and Address of Current Registered Agent

LANCELLA, PABLO  
9130 SO. DADELAND BLVD  
SUITE 1623  
MIAMI FL 33156

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

|                                                         |                                                      |
|---------------------------------------------------------|------------------------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. | <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---------------------------------------------------------|------------------------------------------------------|

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | DT                            | <input type="checkbox"/> Delete |
| NAME           | KORVICK, TONY                 |                                 |
| STREET ADDRESS | TWO S BISCAYNE BLVD, #2460    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131                |                                 |
| TITLE          | DP                            | <input type="checkbox"/> Delete |
| NAME           | REBOSO, MANUEL A              |                                 |
| STREET ADDRESS | 44 WEST FLAGLER ST 23RD FLOOR |                                 |
| CITY-ST-ZIP    | MIAMI FL 33130                |                                 |
| TITLE          | DP                            | <input type="checkbox"/> Delete |
| NAME           | MERL DARYL                    |                                 |
| STREET ADDRESS | 2139 PALM BCH LAKES BLVD      |                                 |
| CITY-ST-ZIP    | W PALM BCH FL 33409           |                                 |
| TITLE          | DP                            | <input type="checkbox"/> Delete |
| NAME           | DOMINICK SEAN                 |                                 |
| STREET ADDRESS | 9130 S DADELAND BLVD, #PH-1C  |                                 |
| CITY-ST-ZIP    | MIAMI FL                      |                                 |
| TITLE          | S                             | <input type="checkbox"/> Delete |
| NAME           | HAGGARD, MICHAEL              |                                 |
| STREET ADDRESS | 330 ALHAMBRA CIR, 1ST FLOOR   |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33134         |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |                                                                              |
|----------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE          | DT                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Haggard, Michael A.             |                                                                              |
| STREET ADDRESS | 330 Alhambra Circle, 1st Floor  |                                                                              |
| CITY-ST-ZIP    | Coral Gables, FL 33134          |                                                                              |
| TITLE          | DP-Elect                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Korvick, Tony                   |                                                                              |
| STREET ADDRESS | Two South Biscayne Blvd., #2460 |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33131                 |                                                                              |
| TITLE          | S                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Culmo, Thomas                   |                                                                              |
| STREET ADDRESS | 2950 S.W. 27th Ave., Suite 100  |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33133-3765            |                                                                              |
| TITLE          | DP                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Reboso, Manuel A.               |                                                                              |
| STREET ADDRESS | 44 West Flagler St., 23rd Floor |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33130-1806            |                                                                              |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 4-20-00 (305) 373-0708

CR2E037 (9/99)