

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90146 039 \*\*\*\*61.25

**DOCUMENT # 750648**

1. Entity Name

**DADE COUNTY TRIAL LAWYERS, INC.**



Principal Place of Business

**9130 SO DADELAND BLVD  
STE 1623  
MIAMI FL 33156-4818  
US**

Mailing Address

**9130 SO DADELAND BLVD  
STE 1623  
MIAMI FL 33156-4818  
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 **59-1969292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                                |                                                                                                                                                  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPE<br/>HAGGARD, MICHAEL A PRES EL<br/>330 ALHAMBRA CIRCLE 1ST FLOOR<br/>CORAL GABLES FL 33134</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>ALTERS, JEREMY W SEC<br/>1 SE 3RD AVENUE - SUITE 100<br/>MIAMI FL 33131</b> <input type="checkbox"/> Delete                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>KORVICK, TONY PRES<br/>2 S BISCAYNE BLVD #2460<br/>MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>CULMO, THOMAS TREAS<br/>2950 SW 27TH AVE STE 100<br/>MIAMI FL 33133-3765</b> <input type="checkbox"/> Delete                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                                  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                                                                                                               |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPE<br/>ALTERS, JEREMY W.<br/>200 S. Biscayne Blvd., Suite 2990<br/>Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>FEILER, MICHAEL<br/>901 Ponce de Leon Blvd., PH<br/>Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>CULMO, THOMAS A.<br/>2400 So. Dixie Highway, Suite 100<br/>Miami, FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>FRIEDLAND, JONATHAN R.<br/>9130 So. Dadeland Blvd., Suite 1609<br/>Miami, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |

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]* **SIGNATURE REQUIRED** *Treasurer*

3/19/03

305-670-0660

CR2E037 (10/02)

Attachment

70031062  
# 750648  
TWO DATRAN CENTER • SUITE 1623  
9130 S. DADELAND BOULEVARD  
MIAMI, FLORIDA 33156-7851  
(305) 670-4848 • FAX: (305) 670-2011

**LANCELLA & HERNANDEZ, P.A. CERTIFIED PUBLIC ACCOUNTANTS**

PABLO LANCELLA, C.P.A.  
RENE A. HERNANDEZ, C.P.A.

March 17, 2003  
Jonathan R. Friedland, Esq.  
Dade County Trial Lawyers Association, Inc.  
9130 South Dadeland Blvd., Suite 1609  
Miami, FL 33156

Enclosed is your Uniform Business Report for the year 2003.

Please update the information on the form, sign where indicated and enclose a check in the amount of \$ 61.25 made payable to the FLORIDA DEPARTMENT OF STATE.

Mail this form before May 1, 2003 to:

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

If you have any questions, please contact our office.

Sincerely,

LANCELLA & HERNANDEZ, P.A.  
Certified Public Accountants