

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90005 022 \*\*\*\*61.25

**DOCUMENT # 750879**

1. Entity Name

**INDUSTRIAL ASSOCIATION OF DADE COUNTY, INC.**

Principal Place of Business

1773 NW 79 AVE  
 MIAMI FL 33126  
 US

Mailing Address

1773 NW 79 AVE  
 MIAMI FL 33126  
 US

2. Principal Place of Business

8350 NW 52 TR #101

3. Mailing Address

Suite, Apt. #, etc.

#101

City & State

MIAMI, FL

City & State

Zip

33126

Country

MIAMI-0000

Zip

Country

4. FEI Number

59-1988078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MORALES, ALEX  
 1773 NW 79 AVE  
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **SATG**

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

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE **PD** ☒ Delete  
 NAME **HOWELL, J. LADD**  
 STREET ADDRESS **1773 NW 79 AVE**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **TDT** ☐ Delete  
 NAME **AGUIRRO, HORRACIO S**  
 STREET ADDRESS **1773 NW 79 AVE**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VDI** ☐ Delete  
 NAME **LANGER, ROGER**  
 STREET ADDRESS **1773 NW 79 AVE**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SDT** ☐ Delete  
 NAME **WILLIAMSON, JEFF**  
 STREET ADDRESS **1773 NW 79 AVE**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
 NAME **ROGER LANGER**  
 STREET ADDRESS **8350 NW 52 TR, #101**  
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VDI** ☐ Change ☐ Addition  
 NAME **HORRACIO STREET AGUIRRE**  
 STREET ADDRESS **SATG**

TITLE **TDT** ☐ Change ☐ Addition  
 NAME **JOANN ROMAN**  
 STREET ADDRESS **SATG**

TITLE **SDT** ☐ Change ☐ Addition  
 NAME **MICHAEL LYNN**  
 STREET ADDRESS **SATG**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

7/13/01 305 639-9970

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