

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90066 045 \*\*\*\*61.25

**DOCUMENT # 750879**

1. Entity Name

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

Principal Place of Business

Mailing Address

8350 NW 52ND TRAIL  
 #101  
 MIAMI FL 33166  
 US

1773 NW 79 AVE  
 MIAMI FL 33126  
 US

2. Principal Place of Business

8350 NW 52 TERR

3. Mailing Address

8350 NW 52 TERR

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33014

Country

USA

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 ~~8350 NW 52 TERR~~ ALEX MORALES  
 Street Address (P.O. Box Number is Not Acceptable)  
 8350 NW 52 TERR #101  
 City MIAMI, FL Zip Code 33014

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

3/15/02

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGAR, ROGER 8350 NW 52ND TRAIL, #101 MIAMI FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT AGUIRRO, HORACIO S 1773 NW 79 AVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDT SOMAN, JOANN 1773 NW 79 AVE MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LYNCH, MICHAEL 1773 NW 79 AVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. PERSONS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HORACIO STUART AGUIRRO 8350 NW 52 TERR, #101 MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICE PRESIDENT MICHAEL SILVER 8350 NW 52 TERR, #101 MIAMI FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MICHAEL LYNCH 8350 NW 52 TERR, #101 MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PHILIP CARROLL 8350 NW 52 TERR #101 MIAMI FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 REQUIRED**

3/15/02

305-631-1970

Date

Daytime Phone #

CR2E037 (9/01)