2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# 766270

Entity Name: INFORMED FAMILIES OF DADE COUNTY INC.

Current Principal Place of Business:

2490 CORAL WAY
MIAMI, FL 331453449

New Principal Place of Business:

Current Mailing Address:

2490 CORAL WAY
MIAMI, FL 331453449

New Mailing Address:

FEI Number: 59-2231894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAPP, PEGGY B
2490 CORAL WAY
SUITE 301
MIAMI, FL 331453449 US

Name and Address of New Registered Agent:

SAPP, PEGGY B
2490 CORAL WAY
MIAMI, FL 331453449 US

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: _____ 04/29/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JAKUBOWICZ, ELENA	
Address:	2000 S BAYSHORE DR VILLA #44	
City-St-Zip:	COCONUT GROVE, FL	
Title:	PD	( ) Delete
Name:	SAPP, PEGGY B,	
Address:	7201 SW 47TH CT	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	WILLIAMS DAVID JR.,	
Address:	17640 NW 18 AVE.	
City-St-Zip:	MIAMI, FL 33056	
Title:	C	( ) Delete
Name:	CESARANO, GREGORY	
Address:	100 SE 2 ST #4000	
City-St-Zip:	MIAMI, FL 33131	
Title:	T	( ) Delete
Name:	KORGE, DEBORAH	
Address:	6121 GRANADA BLVD	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	S	( ) Delete
Name:	HARTZ, JOY	
Address:	25 TAHITI BEACH ISLAND	
City-St-Zip:	CORAL GABLES, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY B. SAPP PRES 04/29/2002
Electronic Signature of Signing Officer or Director — Date