2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 04, 2003
Secretary of State

DOCUMENT# 766472

Entity Name: MIAMI-DADE ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

9241 SW 54TH PLACE
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

9241 SW 54TH PLACE
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 59-6151309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTUCCI, MAUD M
9241 SW 54TH PLACE
COOPER CITY, FL 33328

Name and Address of New Registered Agent:

SANTUCCI, MAUD MARIE
9241 SW 54TH PLACE
COOPER CITY, FL 33328

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: MAUD MARIE SANTUCCI 01/04/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: SANTUCCI, MAUD M
Address: 9241 SW 54TH PLACE
City-St-Zip: COOPER CITY, FL 33328

Title: D ( ) Delete
Name: LANDERS, ROBIN S
Address: 321 GRANELLO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: KASOW, ANDREW M
Address: 8603 S DIXIE HWY 401
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: BROWN, DONALD A
Address: 6368 BLUE LAGOON DR, #190
City-St-Zip: MIAMI, FL 33126

Title: P ( ) Delete
Name: MARX, DONALD W
Address: 9008 SW 152 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition
Name: SANTUCCI, MAUD MARIE
Address: 9241 SW 54TH PLACE
City-St-Zip: COOPER CITY, FL 33328

Title: D (X) Change ( ) Addition
Name: LEFFLER, JERRY M
Address: P. O. BOX 143
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition
Name: KASOW, ANDREW M
Address: 8603 S DIXIE HWY., STE. 201
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change ( ) Addition
Name: MARX, DONALD W
Address: 9008 S.W. 152 STREET
City-St-Zip: MIAMI, FL 33157

Title: P (X) Change ( ) Addition
Name: POLACK, JOYCELYN
Address: 5355 N.W. 189 STREET
City-St-Zip: MIAMI, FL 33055

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: MAUD MARIE SANTUCCI ED 01/04/2003
Electronic Signature of Signing Officer or Director Date