

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002965

1. Entity Name

THE FINANCIAL PLANNING ASSOCIATION OF MIAMI-DADE
, INC.

Principal Place of Business

8930 STATE ROAD 84
316
DAVIE FL 33324

Mailing Address

8930 STATE ROAD 84
316
DAVIE FL 33324

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 65-0991548

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLONICK, LINDA M
9662 RIDGECREST CT.
DAVIE FL 33328

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WELLS, F. SCOTT
STREET ADDRESS 241 SEVILLA AVE., STE. 902
CITY-ST-ZIP CORAL GABLES FL 33134-6622 ☐ Delete

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

TITLE D
NAME INTRIAGO, JOY M
STREET ADDRESS 3225 AVIATION DRIVE, SUITE 500
CITY-ST-ZIP COCONUT GROVE FL 33133 ☒ Delete

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

TITLE SD
NAME JONES, LANE M
STREET ADDRESS 241 SEVILLA AVE., STE. 902
CITY-ST-ZIP CORAL GABLES FL 33134-6622 ☐ Delete

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

TITLE PD
NAME HELEN A. SALAZAR-REALINI
STREET ADDRESS 5900 S.W. 73 Str. #300, S. MIAMI
CITY-ST-ZIP FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33143 ☐ Change ☐ Addition

TITLE TD
NAME RANDOLPH E. Lee, Jr.
STREET ADDRESS 7355 S.W. 87 AVENUE #300
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: X *RANDOLPH E. Lee, Jr.* REQUIRE *RANDOLPH E. Lee, Jr.* 1-8-02 370-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90312 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)