

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2/1

FILED
Mar 31, 2003 8:00 am
Secretary of State

02-12-2003 90120 005 ****61.25

DOCUMENT # N02000001635



1. Entity Name
**8.5 SQUARE MILE AREA LEGAL DEFENSE FOUNDATION, I
NC.**

00041041

Principal Place of Business
**21801 SW 152 ST
MIAMI FL 33187**

Mailing Address
**21801 SW 152 ST
MIAMI FL 33187**

2. Principal Place of Business
21801 SW 152 St
Suite, Apt. #, etc.

3. Mailing Address
21801 SW 152 St
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33187

City & State
Miami FL
Zip
33187

4. FEI Number 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

**FORTIN, MADELEINE
21801 SW 152 ST
MIAMI FL 33187**

Name
Ø
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	FORTIN, MADELEINE	D
STREET ADDRESS	21801 SW 152 ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOODARD, RAY	D
STREET ADDRESS	14701 SW 205 AVE	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUIZ, TOM	D
STREET ADDRESS	14550 SW 212 AVE	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MADELEINE FORTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MADELEINE FORTIN 2/5/3 305 255 7098
Date Daytime Phone #

CR2E037 (10/02)