

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90507 001 ***420.00

DOCUMENT # N17458

1. Entity Name

**UNITED CEREBRAL PALSY OF SOUTH FLORIDA FOUNDATIO
 N, INC.**

Principal Place of Business

Mailing Address

1411 N.W. 14 AVE.
 MIAMI FL 33125

1411 N.W. 14 AVE.
 MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

10899 S.W. 4th Street

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami, Florida

City & State

4. FEI Number

65-0315514

Applied For

Not Applicable

Zip
 33174

Country
 USA

Zip

Country

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

ANIELLO, JOSEPH A.
 1411 N.W. 14 AVE.
 MIAMI FL 33125

Name
 Roy R. Lustig, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2600 Douglas Road, Suite 908

City
 Coral Gables

FL

Zip Code
 33134

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

Roy R. Lustig, Esq.

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CD
 SCHILLINGER, JACK
 1225 N.E. 93 ST.
 MIAMI SHORES FL 33138 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 Aniello, Joseph
 10899 S.W. 4th Street
 Miami, Florida 33174 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 NOBOA, A. ANTHONY
 9600 COLLINS AVENUE
 BAL HARBOR FL Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 Noboa, A. Anthony
 9600 Collins Avenue
 Bal Harbor, FL Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LUSTIG, ROY
 2600 DOUGLAS S911
 CORAL GABLES FL 33134 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PMD
 ANIELLO, JOSEPH A
 1411 NW 14 AVE
 MIAMI FL. 33125 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

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:

SIGNATURE REQUIRED

Joseph A. Aniello, PD

4-10-02
 305 547-2189

Date

Daytime Phone #

CR2E037 (9/01)