

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 029 ****61.25

DOCUMENT # N23042		NONPROFIT CORPORATION	
1. Entity Name		ANNUAL REPORT 2000	
SOUTH DADE BENEVOLENT FUND, INC.			
Principal Place of Business		Mailing Address	
C/O Ainslee R. Ferdie 717 Ponce De Leon Blvd Suite 215 Coral Gables, Fla. 33134		C/O AINSLEE R. FERDIE 717 Ponce De Leon Blvd Suite 215 Coral Gables, Fla. 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERDIE, AINSLEE R. 717PONCE DE LEON BLVD. SUITE 215' CORAL GABLES, FLA. 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

619172

10/15/87

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2867097	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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:	9. Election Campaign Financing	\$5.00 May Be	Make Check Payable to
FEE IS \$61.25	Trust Fund Contribution. <input type="checkbox"/>	Added to Fees	Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ALVIN	NAME	
STREET ADDRESS	2000 S. BAYSHORE DRIVE #34	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL NIEBURG	NAME	
STREET ADDRESS	14810 SW 84 STREET G-206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, LOUIS J.	NAME	
STREET ADDRESS	5110 SW 127 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 employees.

SIGNATURE: Louis J. Silver 02/24/00 221-0219