

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N23042**

1. Entity Name

SOUTH DADE BENEVOLENT FUND, INC.

Principal Place of Business

**C/O AINSLEE R. FERDIE
717 PONCE DE LEON BLVD. SUITE 215
CORAL GABLES FL 33134**

Mailing Address

**C/O AINSLEE R. FERDIE
717 PONCE DE LEON BLVD. SUITE 215
CORAL GABLES FL 33134**

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

59-2867097

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FERDIE, AINSLEE R.
717 PONCE DE LEON BLVD.
SUITE 215
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25**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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, ALVIN	
STREET ADDRESS	2000 S. BAYSHORE DR. #34	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	NIEBURG, CARL	
STREET ADDRESS	14810 SW 84 ST G-206	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, LOUIS J.	
STREET ADDRESS	5110 SW 127 PLACE	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*[Signature]***FILED**
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90007 002 ****61.25

C0075299

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)