

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90021 026 ****70.00

DOCUMENT # N30850

1. Entity Name

MIAMI-DADE COUNTY DAYS, INC.

Principal Place of Business

Mailing Address

**% DADE COUNTY LEGISLATIVE DELEGATION
 111 NW 1ST ST #655
 MIAMI FL 33128**

**7800 RED ROAD #115
 SOUTH MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0102405

Applied For

Not Applicable

Zip

Country

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

**COSGROVE, JOHN
 201 W FLAGLER ST
 MIAMI FL 33130**

Name
Jeffry Gillman

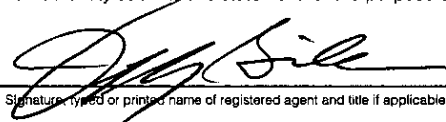
Street Address (P.O. Box Number is Not Acceptable)

7800 Red Rd. #115

City **South Miami** **FL** Zip Code **33143**

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



Jeffry Gillman

1/26/01

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	D <input type="checkbox"/> Delete
NAME	COSGROVE, JOHN
STREET ADDRESS	201 W FLAGLER ST
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> Delete
NAME	GILLMAN, JEFFRY
STREET ADDRESS	7800 RED ROAD, #115
CITY-ST-ZIP	S. MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	RAULSON, DIANNE
STREET ADDRESS	14317 SW 62 ST
CITY-ST-ZIP	MIAMI FL
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	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent Lopez, Jr.
STREET ADDRESS	150 W. Flagler St. #1820
CITY-ST-ZIP	Miami, FL 33130
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
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 and typed or printed name of signing officer or director

1/26/01

Date

305-661-0303

Daytime Phone #

CR2E037 (10/00)