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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2002 8:00 am § Secretary of State DOCUMENT # **N33342** 1. Entity Name 04-07-2002 90572 027 \*\*\*\*61.25 SOUTH FLORIDA ALA CHARITY FUND INCORPORATED Principal Place of Business Mailing Address % SHOOK HARDY & BACON % SHOOK HARDY & BAÇON 201 S BISCAYNE BLVD. # 2400 201 S BISCAYNE BLVD. # 2400 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0145698 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH-BILT, VICKI % SHOOK HARDY & BACON 201\_S RISCAYNE BLVD., SUITE 2400 City Zip Code **MIAMI FL 33131** 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME abrahams, Sharon M STREET ADDRESS STREET ADDRESS **CR2E037** 201 S BISCAYNE BLVD. # 2200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-4336 くる ☐ Change Addition TITLE Delete TITLE R. WEBER NAME NAME HOFFMAN, CLAUDIA MICHELLE 200 S. BISCATHE BLUD STREET ADDRESS せいの STREET ADDRESS 701 BRICKELL AVE #3000 CITY-ST-ZIP CITY-ST-ZIP 33131 MIANICAL MIAMI FL 33131 ☐ Addition TITLE Delete \_ TITLE Change NAME LOPEZ, GRACE NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE #2100 CITY-ST-7/P CITY-ST-ZIP <u>miami</u> FL 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME HIRSCH, DAVID NAME STREET ADDRESS 1221 BRICKELL AVE #2200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 ☐ Delete ☐ Addition TITLE SD ☐ Change TITLE NAME AFFINITO, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 201 S BISCAYNE BLVD #2200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-4336 TITLE PD ☐ Delete D Change ☐ Addition TITLE NAME SMITH-BILT, VICKI NAME STREET ADDRESS STREET ADDRESS 201 S BISCAYNE BLVD #2400 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131

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 structure 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 employered 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 attachm

SIGNATURE