

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90122 046 ****70.00

DOCUMENT # N39197

1. Entity Name

DADE COUNTY CULTURAL ALLIANCE INC.

Principal Place of Business

Mailing Address

**PO BOX 370742
 MIAMI FL 33137-0742**

**PO BOX 370742
 MIAMI FL 33137-0742**

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

65-0309539

Applied For

Not Applicable

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

**CANBARRO, JOHN
 5532 SW 114 AVENUE
 COOPER CITY FL 33330**

Name **John Casbarro**

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

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GARCIA, LILIA**
 CITY-ST-ZIP **1500 BISCAYNE BLVD ROOM 317
 MIAMI FL 33132**

TITLE ☒ Change ☐ Addition
 NAME **~~D~~ C**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **LAURA BRUNEY**
 CITY-ST-ZIP **200 S BISCAYNE BLVD #4500
 MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARGENSTERN, NEIL**
 CITY-ST-ZIP **100 SE 2ND ST #2800
 MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
 NAME **~~D~~ C**
 STREET ADDRESS **MEL MORGENSTERN**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALL, DAVID**
 CITY-ST-ZIP **460 NE 50 TERR
 MIAMI FL 33137**

TITLE ☒ Change ☐ Addition
 NAME **~~DAVID~~ DAVID ALL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **HAMILTON, CLAY**
 CITY-ST-ZIP **11630 SW 136 TERR
 MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

[Signature]

1/28/02

305-995-1912

CR2E037 (9/01)