

# 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



DO NOT WRITE IN THIS SPACE

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

TITLE **~~DC~~ C**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **~~DC~~ C**  Change  Addition  
 NAME **MEL MORGENSTERN**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE **SD**  Delete  
 NAME **HAMILTON, CLAY**  
 STREET ADDRESS **11630 SW 136 TERR**  
 CITY-ST-ZIP **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:

*John Casbarro Pres.*

1/28/02

305-995-1912

CR2E037 (9/01)