




**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N92000000556			
1. Entity Name THE CHILDREN'S CULTURAL COALITION OF DADE COUNTY, INC.			
Principal Place of Business 500 71 STREET MIAMI, FL 33141		Mailing Address P.O. BOX 403336 MIAMI BEACH, FL 33140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0397284		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AROLINO, ANGELA 13448 SW 136 TERRACE MIAMI, FL 33186		Name WILLIAM MANN	
		Street Address (P.O. Box Number is Not Acceptable) 7924 HARDING AVE, 14A	
		City MIAMI	
		FL Zip Code 33141	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-30-03	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary)</small>		<small>DATE</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW - FEE IS \$61.25		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	NAME NEARY, GEORGE	TITLE DEBBIE SPIEGELMAN	NAME D
STREET ADDRESS 701 BRICKELL AVE., STE. 2700	CITY-ST-ZIP MIAMI, FL 33131	STREET ADDRESS 701 ARENA BLVD	CITY-ST-ZIP MIAMI, FL 33136
TITLE P	NAME PARRY, JUDE	TITLE D	NAME EDYTHE EISENSTEIN
STREET ADDRESS 345 W 37TH ST	CITY-ST-ZIP MIAMI BEACH, FL 33140	STREET ADDRESS 3601 S. MIAMI AVE	CITY-ST-ZIP MIAMI, FL 33133
TITLE T	NAME ST CLAIR, LOUIS	TITLE D	NAME CORKI DOZIER
STREET ADDRESS 560 BRICKELL AVE, SUITE 200	CITY-ST-ZIP MIAMI, FL 33131	STREET ADDRESS 701 BRICKELL AVE, STE. 2700	CITY-ST-ZIP MIAMI, FL 33131
TITLE S	NAME DAVIS, MARCIE	TITLE	NAME
STREET ADDRESS 9800 SW 114 ST	CITY-ST-ZIP MIAMI, FL 33176	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME GARCIA, JEANETTE	TITLE	NAME
STREET ADDRESS 4343 W. FLAGLER ST.	CITY-ST-ZIP MIAMI, FL 33135	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME BRUNEY, LAURA	TITLE	NAME
STREET ADDRESS 201 S BISCAYNE BLVD, SUITE 2400	CITY-ST-ZIP MIAMI, FL 33131	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 a address, with all other like empowered.			
SIGNATURE: 		DATE 5-01-03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	
		305-539-3083 <small>Daytime Phone #</small>	

CR20037 (10/02)