-Amended

## NOT-FOR-PROFIT CORPORAT **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N94000003643

1. Entity Name

SIGNATURE:

Dade Human Rights Foundation, Inc.



FILED SLUKETARY OF STATE FISION OF CORPORATION

03 DEC -1 PM 4:58

305.572.184

Daytime Phone #

		,		9		
	DO NOT WRITE	IN THIS SP	ACE		•	
2. Principal Place of Business 4500 Biscayne Blvd		Mailing Address     4500 Biscayne Blvd		-		
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300		DO NOT WRITE IN THIS SPACE		
City & Stat <b>Miami, F</b>	le lorida	City & State Miami, Florida		4. PEI Number 650510204 Applied For Not Applied		
Zip 33137	Country	33137	Country	5. Certificate of Status Desired		
	DO NOT W		<u> </u>	7. Name and Address of Current Registered Agent  vid M. Phelps  ess (P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE	·	4500 Biscayne Blvd, #300		
		*	City Miam	100101		
	DAVID PHEUS  Signature, typed or printed harne of registered agent.	width	Regulated Agent signature reg	gistered agent, or both, in the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with a state of Flor	ы	
40	FEE IS \$61.25 Initial or Amended UBR	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State	-	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Burks, Darrell 4500 Biscayne Blvd, #300 Miami, FL 33137	CD	TITLE NAME STREET ADDRESS CITY-S1-ZIP		(40,000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Cindy 4500 Biscayne Blvd, #300 Miami, FL 33137	VD	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rolnick, Amy 4500 Biscayne Blvd, #300 Miami, FL 33137	SD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	J }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Horowitz, Adam 4500 Biscayne Blvd, #300 Miami, FL 33137	TD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aller, Micheal 4500 Biscayne Blvd, #300 Miami, FL 33137	D	TITLE NAME STREET ADDRESS CITY-SI-ZIP	700025060907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clarke, Beau 4500 Biscayne Bivd, #300 Miami, FL 33137	D	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
of the cor	OF THIS REDUIT OF SUDDIEMERRAL REDORT IS	wered to execute this report	Signature shall have t	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director ter 617, Florida Statutes; and that my name appears in Block 10 or on an an analysis of the statutes.	or	

DARRELL WBURKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Additional Directors for Dade Human Rights Foundation, Inc.

## 2003 Amended UBR, Document # N94000003643

Difenderfer, Scott D 4500 Biscayne Blvd, #300 Miami, FL 33137

English, Ron D 4500 Biscayne Blvd, #300 Miami, FL 33137

Fernandez, David D 4500 Biscayne Blvd, #300 Miami, FL 33137

Halpern, Peter D 4500 Biscayne Blvd, #300 Miami, FL 33137

Kenny, Michael D 4500 Biscayne Blvd, #300 Miami, FL 33137

Kozlowski, Steven D 4500 Biscayne Blvd, #300 Miami, FL 33137

Schimko, Rod D 4500 Biscayne Blvd, #300 Miami, FL 33137

Cardinali, Daniel D 4500 Biscayne Blvd, #300 Miami, FL 33137

No further Directors



ACCOUNT NO. : 072100000032

REFERENCE

335638---723196

AUTHORIZATION

COST LIMIT : \$ 61.2

ORDER DATE: November 24, 2003

ORDER TIME: 10:06 AM

ORDER NO. : 335638-015

CUSTOMER NO: 7231962

CUSTOMER: Thomas E. Runyan, Esq.

The Kozlowski Law Firm, P.a.

Suite 208

927 Lincoln Road

Miami Beach, FL 33139

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## ANNUAL REPORT FILING

\*\*\* FILE SECOND \*\*\*

NAME:

DADE HUMAN RIGHTS FOUNDATION,

INC.

XX ANNUAL REPORT (\*\*AMENDED)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#1140

EXAMINER'S INITIALS:

