

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90032 024 ****61.25

DOCUMENT # N94000005133

1. Entity Name

BANKRUPTCY, LEGAL ASSISTANTS' ASSOCIATION FOR THE

Principal Place of Business

Mailing Address

% ROXANNA ROSS
 201 S BISCAYNE BLVD #1700
 MIAMI FL 33131
 US

P.O. BOX 111804
 MIAMI FL 33111-1804
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/o SUSAN SLOAN

3. Mailing Address

Suite, Apt. #, etc.

316 NORTHEAST FOURTH ST.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number

65-0624508

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, ROXANNA
 1700 MIAMI CENTER
 201 S BISCAYNE BLVD
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

SUSAN SLOAN

Street Address (P.O. Box Number is Not Acceptable)

316 NORTHEAST FOURTH ST.

City

Ft. Lauderdale

FL

Zip Code

33301

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

Susan A. Sloan

5/17/00

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

TITLE **PD** Delete
 NAME **AGUILAR, CELI**
 STREET ADDRESS **1221 BRICKELL AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** Delete
 NAME **LUCAS, YVONNE**
 STREET ADDRESS **231 S.W. 159TH TERRACE**
 CITY-ST-ZIP **SUNRISE FL 3326**

TITLE **SD** Delete
 NAME **MEDEL, MAGDA**
 STREET ADDRESS **P.O. BOX 111804**
 CITY-ST-ZIP **MIAMI FL 33111-1804**

TITLE **TD** Delete
 NAME **SLOAN, SUSAN**
 STREET ADDRESS **8500 N.W. 31ST CT**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President/Director** Change Addition
 NAME **Nancy Arto**
 STREET ADDRESS **1221 Brickell Avenue**
 CITY-ST-ZIP **Miami, Florida 33131**

TITLE **Vice-President/Director** Change Addition
 NAME **Rick Allen**
 STREET ADDRESS **10341 S.W. 50th Street**
 CITY-ST-ZIP **Cooper City, Florida 33288**

TITLE **Secretary/Director** Change Addition
 NAME **Barbara Benfer Caruso**
 STREET ADDRESS **25 S.E. 2nd Ave., Suite 919**
 CITY-ST-ZIP **Miami, Florida 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 all other like empowered.

SIGNATURE: *Nancy Arto* **NANCY ARTO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

(305) 579-0500

Daytime Phone #

CR2E037 (9/99)