

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90020 028 ****61.25

DOCUMENT # N95000005313
 1. Entity Name
ASSOCIATION FOR DISABLED AMERICANS, INC.

Principal Place of Business Mailing Address
6538 COLLINS AVE., PMB #196 **6538 COLLINS AVE., PMB #196**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0646620 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUIZ, DANIEL
1111 BRICKELL BAY DRIVE., APT 1801
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 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 _____ (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	STD	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, JAMES JR.	
STREET ADDRESS	16100 SW 74TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUIZ, DANIEL	
STREET ADDRESS	1111 BRICKELL BAY DR., #1801	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RILEY, STEPHEN	
STREET ADDRESS	915 N.W. 1ST AVE., APT #1307	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFER, ADAH	
STREET ADDRESS	2901 S. BAYSHORE DR., #6F	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL RUIZ	
STREET ADDRESS	1111 BRICKELL BAY DR # 1801	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE RODRIGUEZ	
STREET ADDRESS	20790 SW 139 CT.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL PRICE	
STREET ADDRESS	1111 BRICKELL BAY DR #1801	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **1-28-01** Daytime Phone #: **786-425-4967**

CR2E037 (10/00)