

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90040 035 ****61.25

DOCUMENT # N95000005428

1. Entity Name

FRIENDS OF THE DCCOSW, INC.

Principal Place of Business

Mailing Address

**250 CATALONIA AVE
 SUITE 400
 CORAL GABLES FL 33134
 US**

**250 CATALONIA AVE
 SUITE 400
 CORAL GABLES FL 33134
 US**

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

65-0642991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUILLEN, ANA MAGDA
 250 CATALONIA AVE
 SUITE 400
 CORAL GABLES FL 33134**

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/D
 GUILLEN, ANA MAGDA
 250 CATALONIA AVE, SUITE 400
 CORAL GABLES FL 33134** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT
 KAY SULLIVAN
 250 CATALONIA AVE Coral Gables FL
 33134** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S/D
 SIBLEY, DOROTHY
 13125 SW 81ST AVE
 MIAMI FL 33156** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 IRELA BAGUE
 250 Catalonina Ave Coral Gables
 FL 33134** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S/D
 LURIE, DORIE
 9349 ABBOTT AVE
 SURFSIDE FL 33154** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T/D
 THOMAS, EUGENIA
 1110 NW 41ST STREET
 MIAMI FL 33127** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LEVIN, ROCHELLE
 22800 SW 157 AVE
 MIAMI FL 33170** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature] **Ana Magda Guillen** 4/30/02

305 444-2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)