

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91627 028 \*\*\*\*61.25

**DOCUMENT # N95000005804**

1. Entity Name

**NATIONAL VOLUNTEER WEEK COMMITTEE OF DADE COUNTY, INC.**

Principal Place of Business

Mailing Address

3021 SW 67 AVE  
 MIAMI FL 33155  
 US

P.O. BOX 557475  
 MIAMI FL 33255-7475

**436123**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1500791**

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

**PALM, JULIE**  
**1220 N.E. 153 STREET**  
**MIAMI FL 33162**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**MARIA SALCEDO, TREASURER 5/1/02**  
 (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	VPD ANDINO, ANA V	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7800 N. KENDALL DRIVE, STE. 660 MIAMI FL 33176	
TITLE NAME	TD SALCEDO, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3021 S.W. 67 AVENUE MIAMI FL 33155	
TITLE NAME	SD INGRAM, FRANKIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	11883 S.W. 210 STREET MIAMI FL 33177	
TITLE NAME	PD PALM, JULIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1220 N.E. 153 STREET N. MIAMI BEACH FL 33162	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*[Signature]* **MARIA SALCEDO, TREASURER 5/1/02** (305) 4606100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)