

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003468
 1. Entity Name
DADE ASSOCIATION OF VOCATIONAL, ADULT, CAREER AN

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 18 PM 3:38

Principal Place of Business Mailing Address
 1450 N.E. 2ND AVENUE 1450 N.E. 2ND AVENUE
 MIAMI FL MIAMI FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1450 NE 2 AVE 1450 NE 2 AVE, ROOM 826
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Room 826 Room 826
 City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33132 USA 33132 USA

4. FEI Number 65-0692185 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROMEUS, ISABELLE
 1450 NE SECOND AVE
 ROOM 832
 MIAMI FL 33132

7. Name and Address of New Registered Agent
 Name: TOM CUMMINGS
 Street Address (P.O. Box Number is Not Acceptable)
 1450 NE 2 AVE, ROOM 826
 City: MIAMI, FL
 City FL Zip Code 33132

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: *Tom Cummings* 9/5/01 DATE
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25
 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	<input type="checkbox"/> Delete
NAME	JENKINS, WAYNE	
STREET ADDRESS	1450 NE SECOND AVE	
CITY - ST - ZIP	MIAMI FL 33132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROBERT	
STREET ADDRESS	751 DOVE AVE	
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROMEUS, ISABELLE	
STREET ADDRESS	1450 NE SECOND AVE	
CITY - ST - ZIP	MIAMI FL 33132	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CERVANTES	
STREET ADDRESS	750 NW 20 Street	
CITY - ST - ZIP	MIAMI, FL 33132	D
TITLE	1st President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE SIBATS	
STREET ADDRESS	3501 SW 28 Street	
CITY - ST - ZIP	MIAMI, FL 33133	D
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM CUMMINGS	
STREET ADDRESS	1450 NE 2 AVENUE, ROOM 826	D
CITY - ST - ZIP	MIAMI, FL 33132	
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: *MARIE SIBATS* 9/14/01 (305) 324-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)