

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005726

1. Entity Name

LEGAL AND PUBLIC AFFAIRS SUPPORT FOUNDATION, INC

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90212 041 \*\*\*\*61.25

Principal Place of Business

15014 SW 153 AVE  
MIAMI FL 33196

Mailing Address

15014 SW 153 AVE  
MIAMI FL 33196-2864

2. Principal Place of Business

14275 SW 154 Street

3. Mailing Address

14275 SW 154 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number

65-0868539

Applied For

Not Applicable

Zip  
33177

Country  
USA

Zip  
33177

Country  
USA

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

PEREZ, CARIDAD  
15014 SW 153 AVE  
MIAMI FL 33196

Name  
Dianne Dobbins

Street Address (P.O. Box Number is Not Acceptable)  
14275 SW 154 Street

City  
Miami

FL

Zip Code  
33177

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 Dianne Dobbins, President/Director

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  
1VD  
LORETTO, ROSE  
13810 SW 112 ST #206  
MIAMI FL 33186 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VD  
BRISBANE, Margaret  
13920 SW 152 Terrace  
Miami, Florida 33177 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VD  
KNICKERBOCKER, CLAUDIA  
6801 SW 127 CT  
MIAMI FL 33183 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1TD  
SLACK, PATRICIA  
14550 SW 81 AVE  
MIAMI FL 33158 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1TD  
LORETTO, Rose  
13941 SW 122 Avenue, #301  
Miami, Florida 33186 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2TD  
AGUILAR, ROSEMARY  
13015 SW 2 TERR  
MIAMI FL 33184 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1SD  
COSLER, LAURA  
8280 SW 164 ST  
MIAMI FL 33157 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1SD  
FARBER, Laurie  
13635 SW 74 Avenue  
Miami, Florida 33158 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2SD  
DOBBINS, DIANNA  
14275 SW 154 ST  
MIAMI FL 33177 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2SD  
RACCA, Nancy  
10315 SW 114 Court  
Miami, Florida 33176 ☒ 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: Laurie Farber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)