

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005726

1. Entity Name

LEGAL AND PUBLIC AFFAIRS SUPPORT FOUNDATION, INC

Principal Place of Business

14275 SW 154 STREET
MIAMI FL 33177

Mailing Address

14275 SW 154 STREET
MIAMI FL 33177

2. Principal Place of Business

14517 SW 98 TR

3. Mailing Address

14517 SW 98 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI, FLA

Zip

33186

Country

US

Zip

33186

Country

U.S.A.

4. FEI Number

65-0868539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOBBINS, DIANNE
14275 SW 154 STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

MAYRA CONCEPCION

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

14517 S.W. 98 TR

City

MIAMI

FL

Zip Code

33186

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

Mayra Concepcion

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/01

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	1VD	<input type="checkbox"/> Delete
NAME	LORETTO, ROSE	
STREET ADDRESS	13810 SW 112 ST #206	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	KNICKERBOCKER, CLAUDIA	
STREET ADDRESS	6801 SW 127 CT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	1TD	<input type="checkbox"/> Delete
NAME	SLACK, PATRICIA	
STREET ADDRESS	14550 SW 81 AVE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	2TD	<input type="checkbox"/> Delete
NAME	AGUILAR, ROSEMARY	
STREET ADDRESS	13015 SW 2 TERR	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	1SD	<input type="checkbox"/> Delete
NAME	COSLER, LAURA	
STREET ADDRESS	8280 SW 164 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	2SD	<input type="checkbox"/> Delete
NAME	DOBBINS, DIANNA	
STREET ADDRESS	14275 SW 154 ST	
CITY-ST-ZIP	MIAMI FL 33177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marion mason	
STREET ADDRESS	9454 SW 146th Ave	
CITY-ST-ZIP	MIAMI FLORIDA 33186	
TITLE	VP Fundraising	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivian Swift	
STREET ADDRESS	10021 SW 23rd Lane	
CITY-ST-ZIP	MIAMI FLA. 33190	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURIE FARBER	
STREET ADDRESS	13635 SW 74th Ave	
CITY-ST-ZIP	MIAMI, FLA 33158	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYRA CONCEPCION	
STREET ADDRESS	14517 SW 98 TERR	
CITY-ST-ZIP	MIAMI, FLA 33186	
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:

Mayra Concepcion

9/10/01

305-386-9166

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90011 034 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)