

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90199 041 \*\*\*\*61.25

**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

**14517 SW 98 TERRACE  
MIAMI FL 33186**

2. Principal Place of Business

**10021 SW 223 LN**

Suite, Apt. #, etc.

3. Mailing Address

**10021 SW 223 Lane**

Suite, Apt. #, etc.

**Miami FL 33190**

City & State

**Miami FL**

City & State

4. FEI Number **65-0868539**

Applied For

Not Applicable

Zip **33190**

Country

**USA**

Zip

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CONCEPCION, MAYRA  
14517 SW 98 TR  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

**Vivian Swift**

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

**10021 SW 223 Lane**

City

**Miami**

FL

Zip Code

**33190**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MASON, MARION</b>	
STREET ADDRESS	<b>6454 SW 146TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SWIFT, VIVIAN</b>	
STREET ADDRESS	<b>10021 SW 223RD LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33190</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>FARBER, LAURIE</b>	
STREET ADDRESS	<b>13635 SW 74TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>CONCEPCION, MAYRA</b>	
STREET ADDRESS	<b>14517 SW 98 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUSAN CADILL</b>	
STREET ADDRESS	<b>8525 SW 108TH ST</b>	
CITY-ST-ZIP	<b>Miami FL 33156</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Serilee Reid</b>	
STREET ADDRESS	<b>10760 SW 160 Street</b>	
CITY-ST-ZIP	<b>Miami FL 33157</b>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCEDES JUAREZ</b>	
STREET ADDRESS	<b>16001 SW 153 Avenue</b>	
CITY-ST-ZIP	<b>MIAMI FL 33187</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Aleida C. Blanco</b>	
STREET ADDRESS	<b>12030 SW 92ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	
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		

CR2E037 (10/02)

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:

**Vivian Swift** 1/21/03 305 254 7698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR