

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90056 043 ****61.25

DOCUMENT # N98000006437

1. Entity Name

ALLIANCE FOR ETHICAL GOVERNMENT, INC.

Principal Place of Business

C/O UNIVERSITY OF MIAMI
P.O. BOX 248218
CORAL GABLES FL 33124
US

Mailing Address

UNIVERSITY OF MIAMI
1252 MEMORIAL DR.
CORAL GABLES FL 33124
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0877000

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

FRIEDMAN, HARRY J
1221 BRICKELL AVENUE
MIAMI FL 33131

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, 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 **P** ☐ Delete
NAME **KOGAN, GERALD**
STREET ADDRESS **P.O. BOX 248218**
CITY-ST-ZIP **CORAL GABLES FL 33124**

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

TITLE **D** ☐ Delete
NAME **SALADRIGAS, CARLOS A**
STREET ADDRESS **10200 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **D** ☐ Delete
NAME **FOOTE, EDWARD II**
STREET ADDRESS **1252 MEMORIAL DR.**
CITY-ST-ZIP **CORAL GABLES FL 33124**

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

TITLE **D** ☐ Delete
NAME **GIBSON, THELMA V**
STREET ADDRESS **3661 FRANKLIN AVE.**
CITY-ST-ZIP **COCONTO GROVE FL 33133**

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

TITLE **D** ☐ Delete
NAME **JOLLIVETTE, CYRUS M**
STREET ADDRESS **1252 MEMORIAL DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33124**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Cyrus M. Jollivette 1/16/2001 305-284-5155

Date

Daytime Phone #

CR2E037 (10/00)