

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

0002048

**DOCUMENT # N95000005428**

1. Entity Name

**FRIENDS OF THE DCCOSW, INC.**

01-22-2001 90125 018 \*\*\*\*61.25

Principal Place of Business <b>250 CATALONIA AVE SUITE 400 CORAL GABLES FL 33134 US</b>	Mailing Address <b>250 CATALONIA AVE SUITE 400 CORAL GABLES FL 33134 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0642991</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GUILLEN, ANA MAGDA  
250 CATALONIA AVE  
SUITE 400  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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**

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	P/D	<input type="checkbox"/> Delete
NAME	<b>GUILLEN, ANA MAGDA</b>	
STREET ADDRESS	<b>250 CATALONIA AVE, SUITE 400</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	<b>SIBLEY, DOROTHY</b>	
STREET ADDRESS	<b>13125 SW 81ST AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	<b>LURIE, DORIE</b>	
STREET ADDRESS	<b>9349 ABBOTT AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	<b>THOMAS, EUGENIA</b>	
STREET ADDRESS	<b>1110 NW 41ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LEVIN, ROCHELLE</b>	
STREET ADDRESS	<b>22800 SW 157 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33170</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/10/01** Daytime Phone #: **305 444 2422**

CR2E037 (10/00)