## 2000 UNIFORM BUSINESS REPORT (UBR)

Sina

**SIGNATURE:** 

## FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # 702496 1. Entity Name DADE COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC 01-20-2000 90251 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 2929 SW 3RD AVE. 2929 SW 3RD AVE. MIAMI FLA 33129-2757 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-0661561 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TORNILLO, PAT L. JR. 2929 SW 3RD AVE. **MIAMI FL 33129** 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. - Addition TITLE ـ --- Delete \_---TITLE SISSELMAN, MURRAY NAME NAME STREET ADDRESS 2929 SW 3 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Addition ☐ Change Delete TITLE TITLE YARNOLD, GENEVIEVE NAME NAME STREET ADDRESS STREET ADDRESS 6530 S W 19 ST CITY-ST-ZIP CiTY-ST-7IP MIAMI, FL 00000 ☐ Change ☐ Addition TITLE TITLE ☐ Delete TORNILLO, PAT L. JR. NAME NAME STREET ADDRESS 2929 SW 3 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exercition 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