


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90182 022 ****61.25

DOCUMENT # 707490

1. Entity Name
REALTOR ASSOCIATION OF MIAMI-DADE COUNTY, INC.



Principal Place of Business Mailing Address
245 ALCAZAR AVE. **245 ALCAZAR AVE.**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

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 **59-0977630** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BULLMAN, MARTHA J.
245 ALCAZAR AVE.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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	EVP	<input type="checkbox"/> Delete
NAME	BULLMAN, MARTHA J.	
STREET ADDRESS	245 ALCAZAR AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LANCASTER, DONNA	
STREET ADDRESS	375 MIRACLE MILE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRANTZLER, MARY	
STREET ADDRESS	12695 S DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33156-5963	
TITLE	PED	<input type="checkbox"/> Delete
NAME	ROSENBERG, NORMA	
STREET ADDRESS	12651 S DIXIE HWY #102	
CITY-ST-ZIP	MIAMI FL 33156-5955	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vladimir Golik	
STREET ADDRESS	11570 Sunset Dr	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Earnest Jr	
STREET ADDRESS	1526 Ponce de Leon Blvd	
CITY-ST-ZIP	Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	
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: *Martina J. Bullman* **RAMDC**

(305)
3/27/03
444-6528

CR2E037 (10/02)