

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748238

1. Entity Name

MIAMI RIGHT TO LIFE, INC.

Principal Place of Business

2451 BRICKELL AVE
APT 6J
MIAMI FL 33129
US

Mailing Address

601 BRICKELL KEY DR
STE 805
MIAMI FL 33131
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

59-2001289

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

ALLEN & GALEGO
601 BRICKELL KEY DR
STE 805
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 NAME STREET ADDRESS CITY-ST-ZIP	SD AUGENSTEIN, MARTHA J. 2463 SW 13 ST MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALAMAS, JULIA 545 ZAMORA AVE. CORAL GABLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, LARRY 8405 NW 8TH ST. APT 307 MIAMI FL 33136	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLEN, MARTHA A 2451 BRICKELL AVENUE, APT 6J MIAMI FL 33129	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNDORF, JIM 6151 SW 80TH STREET MIAMI FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 of Martha A. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Allen 4/25/02

Date

305 379 6208

Daytime Phone #

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90035 034 ****61.25



DO NOT WRITE IN THIS SPACE

0021275

CR2E037 (9/01)