

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/1:

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90568 004 \*\*\*\*61.25

**DOCUMENT # 750878**

1. Entity Name

**MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

700 S ROYAL POINCIANA BLVD  
 SUITE 400  
 MIAMI FL 33166

700 S ROYAL POINCIANA BLVD  
 SUITE 400  
 MIAMI FL 33166

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

**59-2090044**

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

**KINNEY, TERESA KING**  
**700 S ROYAL POINCIANA BLVD**  
**SUITE 400**  
**MIAMI FL 33166**

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  Delete  
**PD VALLEDOR, DEBORAH**  
 STREET ADDRESS **100 ALMERIA AVE #230**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**STD SHEFFMAN, TAMRA**  
 STREET ADDRESS **4600 ROYAL PALM AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VP BYRNE, THOMAS E**  
 STREET ADDRESS **6150 SW 76 ST**  
 CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE NAME  Change  Addition  
**PVD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**M KINNEY KING, TERESA**  
 STREET ADDRESS **2050 CORAL WAY #200**  
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS **700 S Royal Poinciana Blvd. #400**  
 CITY-ST-ZIP **Miami FL 33166**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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

Daytime Phone #

*TERESA KING KING, CEO* 4-15-02  
 305-468-2010

CR2E037 (9/01)