

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91406 030 \*\*\*\*61.25

**DOCUMENT # 750878**



1. Entity Name  
**MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business  
**700 S ROYAL POINCIANA BLVD  
SUITE 400  
MIAMI FL 33166**

Mailing Address  
**700 S ROYAL POINCIANA BLVD  
SUITE 400  
MIAMI FL 33166**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2090044**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VALLEDOR, DEBORAH</b>	
STREET ADDRESS	<b>100 ALMERIA AVE #230</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SHEFFMAN, TAMRA</b>	
STREET ADDRESS	<b>4600 ROYAL PALM AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>PVD</b>	<input type="checkbox"/> Delete
NAME	<b>BYRNE, THOMAS E</b>	
STREET ADDRESS	<b>6150 SW 76 ST</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>KINNEY KING, TERESA</b>	
STREET ADDRESS	<b>700 S ROYAL POINCIANA BLVD # 400</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

*Teresa King*

4/28/03 305-468-7000

CR2E037 (10/02)