

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90067 042 \*\*\*\*61.25

**DOCUMENT # 757006**

1. Entity Name

**THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD.  
 5300 SOUTHEAST FINANCIAL CENTER  
 MIAMI FL 33131-2339

200 S. BISCAYNE BLVD.  
 5300 SOUTHEAST FINANCIAL CENTER  
 MIAMI FL 33131-2339

2. Principal Place of Business

7154 N. University DR

3. Mailing Address

P.O. Box 277622

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 299

City & State

City & State

Tamara, FL

Miramar, FL

Zip

Zip

33321

33027

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0231220

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

ZELEK MARK E.  
 200 S. BISCAYNE BLVD.  
 5300 S.E. FINANCIAL CENTER  
 MIAMI FL 33131-2339

Name

MARIE ZARET

Street Address (P.O. Box Number is Not Acceptable)

1990 W. 56 Street

Unit #1111

City

Hialeah

FL

Zip Code

33012

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

Marie Zaret, Marie Zaret, President 3/8/02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUNNEYCUTT, MILLIE<br>17777 OLD CUTLER RD<br>MIAMI FL 33157            | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MONTENEGRO, DIANA<br>3250 MARY ST<br>MIAMI FL 33133                    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ZELEK, MARK<br>200 S BISCAYNE BLVD STE 5300<br>MIAMI FL 33131          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SMITH-BALT, VICKI L<br>201 S BISCAYNE BLVD, STE 2400<br>MIAMI FL 33131 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KRAUS, MICHAEL<br>19551 WHISPERING PINES RD<br>MIAMI FL 33157          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ZARET, MARIE<br>15800 NW 48 AV<br>MIAMI FL 33012                       | <input type="checkbox"/> Delete            |

|                                                |                                                                                 |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Zaret, Marie (P)<br>1990 W. 56 Street #1111<br>Hialeah, FL 33012                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Pres-Elect<br>Margulies, Lynn<br>1401 NW 36 Ave. #304<br>Sunrise, FL 33323      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Davis, Terri<br>2750 SW 22 Street<br>Miami, FL 33145               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Girado, OOLYSS<br>3400 Lakeside DR. Suite 100<br>Miramar, FL 33027 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Marie Zaret, Marie Zaret

3/8/02 305-558-8798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)