

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-07-2003 90147 020 ****61.25

DOCUMENT # 757006

1. Entity Name

**THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MAN-
AGEMENT, INC.**

Principal Place of Business

**7154 N. UNIVERSITY DR
STE 299
TAMARAC FL 33321**

Mailing Address

**P.O. BOX 277622
MIRAMAR FL 33027**

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 **65-0231220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZARET, MARIE
1990 W. 56 STREET
UNIT #1111
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **Lynn Margulies**

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

1401 NW 36 Ave # 304

City **Sunrise**

FL

Zip Code **33323**

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

(Signature of Lynn Margulies)

(NOTE: Registered Agent signature required when reinstating)

4/21/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PED** ☐ Delete
NAME **MARGULIES, LYNN**
STREET ADDRESS **1401 NW 36 AVE #304**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **SD** ☒ Delete
NAME **DAVIS, TERRI**
STREET ADDRESS **2750 SW 22 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **TD** ☐ Delete
NAME **GIRADO, ODALYS**
STREET ADDRESS **3400 LAKESIDE DR., STE 100**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **PD** ☒ Delete
NAME **ZARET, MARIE**
STREET ADDRESS **1990 W. 56 ST. #1111**
CITY-ST-ZIP **MIAMI FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1401 NW 36 Ave #304**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Louise Ray-Wilson**
STREET ADDRESS **2720 Coralway 4th floor**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **ODALYS GIRADO**
STREET ADDRESS **8181 NW 36 ST. #22**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **President-Elect** ☐ Change ☒ Addition
NAME **Diana Castillo-Frick**
STREET ADDRESS **1515 Genoa St.**
CITY-ST-ZIP **Coral Gables, FL 33134**

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED ODAW/S GIRADO, Treasurer 4/21/03 305-477-2033

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003 (10/02)