2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 05, 2001 8:00 am DOCUMENT # 758147 Secretary of State 1. Entity Name 04-25-2001 90179 011 ****61.25 MIAMI PALMETTO DEBATE BOOSTERS, INC. Principal Place of Business Mailing Address MIAMI PALMETTO SR. HIGH 7351 SW 128TH ST 7460 SW 118TH ST. MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7232224 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MIDENCE, RENAE PALMETTO MIDDLE SCHOOL 7351 SW 128TH ST MIAMI FL 33156 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 egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Pavable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE Delete TOTALE W. ROSENBERG Change MIDENCE, RENAE NAME NAME SXXII7 THSTREET STREET ADDRESS 11040 SW 69TH AVE RD STREET ADDRESS MJAMI, FLORIDA 33156 CITY-ST-ZIP CITY-ST-74P MIAMI FL 33156 Change DT ☐ Addition TITLE Delete TITLE BUCCIERO PATRICIA NAME SETHI. MEENA NAME 7935 SW 134 St. STREET ADDRESS 13600 SW 102ND AVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PINECREST FL 33156 MIAMI FL 33176 DS Delete TITI F TITLE **Change** ☐ Addition LEVINE, DENISE NAME NAME NEWBOLD DAVID P. 6835 N. CARTEE ROAD MIAMI, FL 33158 STREET ADDRESS 7801 SW 147 ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33158** CITY-ST-ZIP DS TITLE □ Delete TITLE Change ☐ Addition LANDAU, JANICE NAME NAME 7800 SW 129 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33156 CITY-ST-ZIP PINECREST ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

SECNIATION.

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