

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **762509**

1. Entity Name

THE MIAMI SHORES MAYOR'S COMMUNITY TASK FORCE, I

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90035 033 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9617 PARK DR MIAMI FL 33138	P.O. BOX 531512 MIAMI SHORES FL 33153-1512

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country
		59-2210193	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSON, STEVEN J
9165 PARK DR
MIAMI FL 33138

7. Name and Address of New Registered Agent

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

TITLE	VCD	<input type="checkbox"/> Delete
NAME	LEONARD, REBEKKAH	
STREET ADDRESS	9343 NE 9TH PLACE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PYKE, ROBIN	
STREET ADDRESS	9343 N.E. 9TH PLACE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, STEVEN J	
STREET ADDRESS	145 NE 95TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLLY, HERTA	
STREET ADDRESS	9660 NE 5TH AVE RD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULMER, MARK S	
STREET ADDRESS	800 NE 98TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Steven J. Johnson **Steven J. Johnson** 4/5/00 305-751-7059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)