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

FILED
Apr 07, 2003 8:00 am
Secretary of State
03-27-2003 90129 020 ****61.25

3

DOCUMENT # N00000003511

1. Entity Name
EVCLAY/PRSA MIAMI CHAPTER ENDOWMENT FUND, INC.

Principal Place of Business	Mailing Address
6701 S W 94TH STREET PINECREST FL 33156	6701 S W 94TH STREET PINECREST FL 33156

☐ CHECK HERE IF MAKING CHANGES

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 NOT APPLICABLE ☐ 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
ROSS, ROBERT C 6701 S W 94TH STREET PINECREST FL 33156	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 Robert C. Ross ROBERT C. ROSS 3/21/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, BETH 269 GIRALDA AVE STE 303 CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CATHERINE PACHECO D 251-174 Street #221 North Miami Beach, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DODSON, TIM 780 NE 69TH STREET #887 MIAMI FL 33138	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT-ELECT KEITH BOWERMASTER D 1540 Cornucha Ave. Coral Gables, FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, BOB 6701 S W 94TH STREET PINECREST FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JODI FORSTROM D 806 DOUGLAS RD. SUITE 400 CORAL GABLES, FL 33134 Secretary	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SATTERLEE, JOY C/O 3280 SOUTH MIAMI AVENUE MIAMI FL 33129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D Leo Sarmiento 341 East Flagler St. Miami, FL 33131-1303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATOGGIO, MONIQUE UNIVERSITY PARK MIAMI FL 33199	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(SEE ATTACHED FOR MORE DIRECTORS)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Keith Bowermaster KEITH Bowermaster 3/24/03 305-284-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #