

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38462

1. Entity Name

THE DADE COALITION FOR COMMUNITY EDUCATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90193 001 ****61.25

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1450 NE 2ND AVENUE SUITE 833 MIAMI FL 33132 US | 1450 NE 2ND AVE SUITE 833 MIAMI FL 33132-1308 US |



DO NOT WRITE IN THIS SPACE

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

| | | | |
|--------------|--------------|-------------------|---|
| City & State | City & State | 4. FEI Number | Applied For |
| | | 65-0197821 | <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

COVERSON, T. L.
1450 NE 2ND AVE
SUITE 833
MIAMI FL 33132

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D <input type="checkbox"/> Delete |
| NAME | PEARLSON, MARJORIE G. |
| STREET ADDRESS | 6400 S.S. 129TH TERR |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | COHN, MILDRED AUGENSTEIN |
| STREET ADDRESS | 2824 CLEVELAND ST. |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BAVLY, HARRY |
| STREET ADDRESS | 18011 BISCAYNE BLVD |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BROWN, LINDA D. |
| STREET ADDRESS | 3945 LOQUAT AVE |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 |
| TITLE | P <input checked="" type="checkbox"/> Delete |
| NAME | MILLER, PHYLLIS |
| STREET ADDRESS | 5660 COLLINS AVE, APT 18C |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | COVERSON, T. L. |
| STREET ADDRESS | 9112 NE 10 AVE |
| CITY-ST-ZIP | N. SHORES FL 33138 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Miller, Phyllis |
| STREET ADDRESS | 5660 Collins Avenue, Apt. 18C |
| CITY-ST-ZIP | Miami Beach, FL |
| TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sosa, Rebeca |
| STREET ADDRESS | 6386 SW 10th Street |
| CITY-ST-ZIP | West Miami, FL 33144 |
| 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: T.L. COVERSON (DIRECTOR) *T.L. Coverson* **4/25/00** **305-995-1827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)