

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90003 037 ****70.00

DOCUMENT # N94000002871

1. Entity Name

GLSEN/MIAMI, INC.

(R)

Principal Place of Business

Mailing Address

6030 N.W. 40TH STREET
 VIRGINIA GARDENS FL 33166

P.O. BOX 347321
 CORAL GABLES FL 33234-7321

2. Principal Place of Business

3. Mailing Address

4169 Ventura Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0476504

Applied For

Not Applicable

Zip

Country

Zip

Country

33133

Miami-Dade

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

LOUPO, ROBERT
 4169 VENTURA AVE
 MIAMI FL 33133

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 Robert Loupo Robert Loupo Co-chair 6/5/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME LOUPO, ROBERT
 STREET ADDRESS 4169 VENTURA AVE
 CITY-ST-ZIP MIAMI FL 33133

TITLE VD Change Addition
 NAME Betsy Kaplan
 STREET ADDRESS 6790 SW. 122 Drive
 CITY-ST-ZIP Miami, FL 33156

TITLE VD Delete
 NAME CIMINO, EDDA
 STREET ADDRESS 6030 N.W. 40 STREET
 CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE TD Change Addition
 NAME Bruce Presley
 STREET ADDRESS 2609 NE. 8th Street
 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE TD Delete
 NAME KRON, CHRIS
 STREET ADDRESS 11924 SW 99 AVE
 CITY-ST-ZIP MIAMI FL 33176

TITLE D Change Addition
 NAME Luis Henriquez
 STREET ADDRESS 4190 Pamela
 CITY-ST-ZIP Miami, FL 33133

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Change Addition
 NAME John Bremer
 STREET ADDRESS 1219 PENNSYLVANIA AVE.
 CITY-ST-ZIP Miami Beach, FL 33133

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME Denise Conway
 STREET ADDRESS 18 NE. 106 St.
 CITY-ST-ZIP Miami Shores, FL 33138

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME Roger Bianco
 STREET ADDRESS 801 meridian Ave, #3-C
 CITY-ST-ZIP Miami Beach, FL 33139

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: Robert Loupo RECR Robert Loupo Co-chair 6/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305/648-8415

CR2:037 (9/1)