

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90146 044 ****61.25

DOCUMENT # N95000003121

1. Entity Name

ABIG-SLC PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11195 SW 196TH STREET
 MIAMI FL 33157
 US

11195 S.W. 196 ST.
 MIAMI FL 33157-8305
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0594154

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYN, WENDY
 14650 SW 141ST PLACE
 MIAMI FL 33186

Name *Marganne Gardipee*

Street Address (P.O. Box Number is Not Acceptable)

18751 SW 194 Ave

City *Miami*

FL

Zip Code *33187*

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 *Marganne Gardipee*

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 | TD | <input checked="" type="checkbox"/> Delete |
| NAME | LYN, WENDY | |
| STREET ADDRESS | 14650 SW 141ST PLACE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SHARP, BETSY | |
| STREET ADDRESS | 11925 S.W. 89TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | ROBINSON, ELAINE | |
| STREET ADDRESS | 7815 SW 140TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | HERNANDEZ, VICKI | |
| STREET ADDRESS | 14450 SW 289TH STREET | |
| CITY-ST-ZIP | LEISURE CITY FL 33033 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|---|
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marganne Gardipee | |
| STREET ADDRESS | 18751 SW 194 Ave | |
| CITY-ST-ZIP | Miami FL 33187 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robinson, Elaine | |
| STREET ADDRESS | 7815 SW 140th Ave | |
| CITY-ST-ZIP | Miami FL 33183 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hernandez, Vicki | |
| STREET ADDRESS | 14450 SW 289 ST | |
| CITY-ST-ZIP | Leisure City FL 33033 | |
| TITLE | SA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Laure May | |
| 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: *Marganne Gardipee* *Marganne Gardipee* *2/28/00* *(305)253-2244 x 4101*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)