

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90358 024 \*\*\*\*\*61.45

**DOCUMENT # N95000006016**

1. Entity Name

**DADE COUNTY MUNICIPAL CLERKS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O CITY CLERK'S OFFICE  
 2999 NE 191 ST 500  
 MIAMI FL 33180**

**C/O CITY CLERK'S OFFICE  
 2999 NE 191 ST 500  
 MIAMI FL 33180**

2. Principal Place of Business

**c/o Village Clerk's Office**

3. Mailing Address

**c/o Village Clerk's Office**

Suite, Apt. #, etc.

**10050 N.E. 2nd Avenue**

Suite, Apt. #, etc.

**10050 N.E. 2nd Avenue**

City & State

**Miami Shores, FL**

City & State

**Miami Shores, FL**

4. FEI Number

**65-0635128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TERESA M. SOROKA, CMC  
 2999 NE 191 ST 500  
 MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name **Barbara A. Fugazzi, CMC**

Street Address (P.O. Box Number is Not Acceptable)  
**10050 N.E. 2nd Avenue**

City **Miami Shores**

**FL**

Zip Code  
**33138**

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

*Barbara A. Fugazzi*

**Barbara A. Fugazzi, CMC, President**

**3/27/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, TERESA M. C 2999 NE 191 ST., STE 500 AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FUGAZZI, BARBARA 10050 NE 2ND AVE MIAMI SHORES FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEWELL, ELIZABETH 404 W. PLAM DR FLORIDA CITY FL 33034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERHST, SHARON CMC 790 N. HOMESTEAD BLVD HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barbara A. Fugazzi, CMC 10050 N.E. 2nd Avenue Miami Shores, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Beatris Arguelles, CMC 640 N.E. 114th Street Biscayne Park, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon Auxier, CMC Sharon Auxier CMC Blvd 790 North Homestead Blvd Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Solomon Odenz, CMC 17011 N.E. 19th Avenue North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Barbara A. Fugazzi*

**Barbara A. Fugazzi**

**3/27/01**

**(305) 795-2207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0044156