

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000006016

FILED
Mar 12, 2003
Secretary of State

Entity Name: DADE COUNTY MUNICIPAL CLERKS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O VILLAGE CLERK'S OFFICE
6853 MAIN STREET
MIAMI LAKES, FL 33014

New Principal Place of Business:

C/O CITY CLERK'S OFFICE
790 NORTH HOMESTEAD BLVD
HOMESTEAD, FL 33030

Current Mailing Address:

C/O VILLAGE CLERK'S OFFICE
6853 MAIN STREET
MIAMI LAKES, FL 33014

New Mailing Address:

C/O CITY CLERK'S OFFICE
790 NORTH HOMESTEAD BLVD
HOMESTEAD, FL 33030

FEI Number: 65-0635128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUELLES, BEATRIS M CMC
6853 MAIN STREET
MIAMI LAKES, FL 33014

Name and Address of New Registered Agent:

SHARON, AUXIER CMC
790 NORTH HOMESTEAD BLVD
HOMESTEAD, FL 33030

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: SHARON AUXIER

03/12/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARGUELLES, BEATRIS M CMC
Address: 6853 MAIN STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD () Delete
Name: AUXIER, SHARON CMC
Address: 790 N. HOMESTEAD BOULEVARD
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: ODENZ, SOLOMON CMC
Address: 17011 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T () Delete
Name: HORVATH, ELLISA L CMC
Address: 655 - 96TH STREET
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AUXIER, SHARON CMC
Address: 790 N. HOMESTEAD BOULEVARD
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD (X) Change () Addition
Name: ODENZ, SOLOMON CMC
Address: 17011 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S (X) Change () Addition
Name: HORVATH, ELLISA L CMC
Address: 655 - 96TH STREET
City-St-Zip: BAL HARBOUR, FL 33154

Title: T (X) Change () Addition
Name: PARCHER, ROBERT
Address: 1700 CONVENTION CENTER DR.
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON AUXIER

PD

03/12/2003

Electronic Signature of Signing Officer or Director

Date