

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005466

1. Entity Name

CITY OF NORTH MIAMI EMPLOYEES' ASSISTANCE TRUST

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90140 040 ****70.00

Principal Place of Business	Mailing Address
N. MIAMI CITY HALL-PERSONNEL DIRECTOR 776 NE 125TH ST. N. MIAMI FL 33161	N. MIAMI CITY HALL-PERSONNEL DIRECTOR 776 NE 125TH ST. N. MIAMI FL 33161-5654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0758530	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GEIMER, JEFFERSON
 776 NE 125TH ST
 NO MIAMI FL 33161

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 _____ (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

T	<input checked="" type="checkbox"/> Delete	TITLE	EMILJEN, MARIE
STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	NAME	EMILJEN, MARIE
CITY-ST-ZIP	N. MIAMI FL 33161	STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST
T	<input checked="" type="checkbox"/> Delete	TITLE	CURRY, VERNET
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	NAME	CURRY, VERNET
CITY-ST-ZIP	N. MIAMI FL 33161	STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.
VD	<input type="checkbox"/> Delete	TITLE	FALESTRA, DEBORAH
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	NAME	FALESTRA, DEBORAH
CITY-ST-ZIP	N. MIAMI FL 33161	STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.
DCP	<input type="checkbox"/> Delete	TITLE	GEIMER, JEFFERSON
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	NAME	GEIMER, JEFFERSON
CITY-ST-ZIP	N. MIAMI FL 33161	STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.
S	<input type="checkbox"/> Delete	TITLE	WONG, KRISTI
STREET ADDRESS	776 NE 125 ST	NAME	WONG, KRISTI
CITY-ST-ZIP	N MIAMI FL 33161	STREET ADDRESS	776 NE 125 ST
T	<input type="checkbox"/> Delete	TITLE	STINSON, ANNE
STREET ADDRESS	N MIAMI CITY HALL 776 NE 125TH ST	NAME	STINSON, ANNE
CITY-ST-ZIP	N MIAMI FL 33161	STREET ADDRESS	N MIAMI CITY HALL 776 NE 125TH ST

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	ROSS, KATHLEEN
STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	NAME	ROSS, KATHLEEN
CITY-ST-ZIP	N MIAMI, FL 33161	STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST
TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	GIBSON, JOYCE
STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	NAME	GIBSON, JOYCE
CITY-ST-ZIP	N MIAMI, FL 33161	STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST
TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	MEDINA, DENARDO
STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	NAME	MEDINA, DENARDO
CITY-ST-ZIP	N MIAMI, FL 33161	STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/00 Daytime Phone #: 305-893-6511

CR2E037 (9/99)