

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001894

1. Entity Name

TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FL

Principal Place of Business

520 NW 157TH ST
MIAMI FL 33025
US

Mailing Address

520 NW 157TH ST
MIAMI FL 33169-6641
US

2. Principal Place of Business

18610 NW 8TH AVE

3. Mailing Address

18610 NW 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0746662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMUEL, AGATHA
520 NW 157TH ST
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name DALRYMPLE CHERYL

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

18610 NW 8TH AVE

City

MIAMI

FL

Zip Code

33169

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

Cheryl Dalrymple [CHERYL DALRYMPLE]

4/13/00

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

TITLE DV ☒ Delete
NAME LENDOR, MARILYN
STREET ADDRESS 971 SW 101ST TERR
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE DP ☒ Delete
NAME SAMUELS, AGATHA
STREET ADDRESS 520 NW 157TH ST
CITY-ST-ZIP MIAMI FL 33169

TITLE DT ☐ Delete
NAME EDWARDS, PATRICIA
STREET ADDRESS 10821 SW 51 COURT
CITY-ST-ZIP MIAMI FL 33328

TITLE DS ☒ Delete
NAME DALRYMPLE, CHERYL
STREET ADDRESS 18610 NW 8TH AVE
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☒ Change ☐ Addition
NAME SELBY, ELENA
STREET ADDRESS 7904 EMBASSY BLVD
CITY-ST-ZIP MIRAMAR FL 33023

TITLE DP ☒ Change ☐ Addition
NAME DALRYMPLE, CHERYL
STREET ADDRESS 18610 NW 8TH AVE
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition
NAME SIMMONS, GRACE
STREET ADDRESS 4 NE 205TH TERRACE
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patricia Edwards [PATRICIA EDWARDS]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)