

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0042837

05-02-2001 90126 012 ****70.00

DOCUMENT # N97000001894

1. Entity Name

TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FL

Principal Place of Business

18610 NW 8TH AVE
 MIAMI FL 33169
 US

Mailing Address

18610 NW 8TH AVE
 MIAMI FL 33169
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0746662

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

DALRYMPLE, CHERYL
18610 NW 8TH AVE
MIAMI FL 33169

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 _____

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

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

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

TITLE **DP** Change Addition
 NAME **DALRYMPLE, CHERYL**
 STREET ADDRESS **18610 N.W. 8TH AVE**
 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 _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 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) 4/24/01 954252 0888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)