

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-29-2002 90001 012 ****70.00

DOCUMENT # N97000001894

1. Entity Name

TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

13610 NW 8TH AVE
MIAMI, FL 33169
US

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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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 **SELBY, ELENA**
STREET ADDRESS **7904 EMBASSY BLVD.**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **DS** Change Addition
NAME **SAMUELS, AGATHA**
STREET ADDRESS **520 NW 157TH ST**
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **DT** Change Addition
NAME **LENDOR, MARILYN**
STREET ADDRESS **971 SW 101ST TERR**
CITY-ST-ZIP **PERMIAN PINES FL 33025**

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

TITLE **TRUSTEE** Change Addition
NAME **Yvonne St. Louis**
STREET ADDRESS **19201 N.W. 22nd Ave**
CITY-ST-ZIP **Miami FL 33056**

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

TITLE **TRUSTEE** Change Addition
NAME **EARLINE G. CAMPBELL**
STREET ADDRESS **1301 NW 133RD ST**
CITY-ST-ZIP **MIAMI FLA 33167**

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL DALRYMPLE 3/7/02

Date

Business Profile #

CR2E037 (9/01)