

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90703 021 ****70.00

DOCUMENT # N97000001894



1. Entity Name
TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business
**18610 NW 8TH AVE
MIAMI FL 33169
US**

Mailing Address
**18610 NW 8TH AVE
MIAMI FL 33169
US**

11037180



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DV	SELBY, ELENA	7904 EMBASSY BLVD.	MIRAMAR FL 33023	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	DALRYMPLE, CHERYL	18610 NW 8TH AVENUE	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	SAMUELS, AGATHA	520 NW 157TH STREET	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	LENDOR, MARILYN	971 SW 101ST TERRACE	PEMBROKE PINES FL 33025	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	ST LOUIS, YVONNE	19201 NW 22ND AVENUE	MIAMI FL 33056	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	CAMPBELL, EARLINE G	1301 NW 133RD STREET	MIAMI FL 33164	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Dalrymple* **REQUIRE SIGNATURE** *Cheryl Dalrymple*

CR2E037 (10/02)