

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757006

1. Entity Name

THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MAN

Principal Place of Business

200 S. BISCAYNE BLVD.  
5300 SOUTHEAST FINANCIAL CENTER  
MIAMI FL 33131-2339

Mailing Address

200 S. BISCAYNE BLVD.  
5300 SOUTHEAST FINANCIAL CENTER  
MIAMI FL 33131-2339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0231220

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

ZELEK, MARK E.  
200 S. BISCAYNE BLVD.  
5300 S.E. FINANCIAL CENTER  
MIAMI FL 33131-2339

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 NAME STREET ADDRESS CITY-ST-ZIP	D HUNNEYCUTT, MILLIE 17777 OLD CUTLER RD MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTENEGRO, DIANA 3250 MARY ST MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPALDO, LYNN 3750 NW 87TH AVE., SUITE 300 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BILT SMITH-BALT, VICKI L 201 S BISCAYNE BLVD, STE 2400 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, MICHAEL 19551 WHISPERING PINES RD MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P CHESKIN MARK 200 S BISCAYNE BLVD, STE 5300 MIAMI FL 33131</del>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESKIN, MARK 200 S BISCAYNE BLVD, STE 5300 MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARIE ZARET, MARIE 15800 NW 48 AV MIAMI FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, TERRI 2750 SW 22 ST, 1723 FCFL MIAMI FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELEK, MARK 200 S BISCAYNE BLVD, STE 5300 MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Tracy N. Shaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/01

Date

305.358.5171

Daytime Phone #

CR2E037 (10/00)

FILED  
Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90011 025 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE