

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90045 008 ****61.25

DOCUMENT # N38462

1. Entity Name

THE MIAMI-DADE COALITION FOR COMMUNITY EDUCATION, INC.

Principal Place of Business

Mailing Address

**1450 NE 2ND AVENUE
 SUITE 833
 MIAMI FL 33132
 US**

**1450 NE 2ND AVE
 SUITE 833
 MIAMI FL 33132
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0197821

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

**COVERSON, T. L.
 1450 NE 2ND AVE
 SUITE 833
 MIAMI FL 33132**

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 **D** ☐ Delete
 NAME **PEARLSON, MARJORIE G.**
 STREET ADDRESS **6400 S.S. 129TH TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **SOLOMON S. LICHTER**
 STREET ADDRESS **1000 QUAYSIDE TERR., TOWER 1-PH.#12**
 CITY-ST-ZIP **MIAMI, FL. 33138** ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
 NAME **COHN, MILDRED AUGENSTEIN**
 STREET ADDRESS **2824 CLEVELAND ST.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SD** ☐ Change ☐ Addition
 NAME **COHN, MILDRED AUGENSTEIN**
 STREET ADDRESS **2824 CLEVELAND ST.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ Delete
 NAME **SOSA, REBECA**
 STREET ADDRESS **6386 S.W. 10 ST.**
 CITY-ST-ZIP **W. MIAMI FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **SOSA, REBECA**
 STREET ADDRESS **6386 S.W. 10 ST.**
 CITY-ST-ZIP **W. MIAMI FL**

TITLE **D** ☐ Delete
 NAME **BROWN, LINDA D.**
 STREET ADDRESS **3945 LOQUAT AVE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ Change ☐ Addition
 NAME **BROWN, LINDA D.**
 STREET ADDRESS **3945 LOQUAT AVE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ Delete
 NAME **MILLER, PHYLLIS**
 STREET ADDRESS **5660 COLLINS AVE,APT 18C**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **MILLER, PHYLLIS**
 STREET ADDRESS **5660 COLLINS AVE,APT 18C**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Delete
 NAME **COVERSON, T. L.**
 STREET ADDRESS **9112 NE 10 AVE**
 CITY-ST-ZIP **N. SHORES FL 33138**

TITLE **D** ☐ Change ☐ Addition
 NAME **COVERSON, T. L.**
 STREET ADDRESS **9112 NE 10 AVE**
 CITY-ST-ZIP **N. SHORES FL 33138**

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: T. L. COVERSON TREASURER

1/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)