

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-03-2003 90087 040 ****61.25

DOCUMENT # 723679

1. Entity Name
MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.



Principal Place of Business
**7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014**

Mailing Address
**7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014**

55014813

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0240302**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PAVLOV, MARINA
7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent
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	VD TANTLEEF, DANIEL S 655 98TH ST BAL HARBOUR FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 ISAAC SALVER 1111 - 96 STREET #211 Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD R.S. SHIVER 404 W. PALM AVE. FLORIDA CITY-FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAY R CHERNOFF 17011 N.E. 19 AVE North Miami Beach FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D REBECA ROSA 901 S.W. 62ND AVE. WEST MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESLIE BOWE 11551 S. DIXIE HWY PINECREST, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RASCO, JOET 85 W MCINTYRE ST KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAISY BLACK 500 NE 87 STREET MIAMI, FL 33138 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROBAINA, JULIO 501 PALM AVENUE HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSELL, MARY SCOTT 6130 SUNSET DR SOUTH MIAMI FL 33143 DIRECTOR <input type="checkbox"/> Delete	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 other like empowered.

SIGNATURE: **SIGNATURE OF OFFICER OR DIRECTOR** **ISAAC SALVER** **1/29/03** **305-557-1722**

CR2E037 (10/02)