

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90064 011 ****61.25

0027048

DOCUMENT # 708826

1. Entity Name

CERAMIC LEAGUE OF MIAMI, INC.

Principal Place of Business

Mailing Address

**8873 S.W. 129TH STREET
 MIAMI FL 33176**

**8873 S.W. 129TH STREET
 MIAMI FL 33176**

2. Principal Place of Business

above

3. Mailing Address

above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1060568

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLEDGE, SANDRA L
 1235 CATALONIA AVE
 MIAMI FL 33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. **DEP/** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **MILLEDGE, SANDRA L**
 STREET ADDRESS **1235 CATALONIA**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PC PD** Change Addition
 NAME **A PETERS, GERALD**
 STREET ADDRESS **10560 NE 2 CT.**
 CITY-ST-ZIP **MIAMI, FL 33138**

TITLE **PD** Delete
 NAME **FESTINGER, JANET Q**
 STREET ADDRESS **616 SANTURCE AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **VD** Change Addition
 NAME **NORIEGA, MARCIA**
 STREET ADDRESS **7600 SW 136 ST.**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VD** Delete
 NAME **GREEN, VIRGINIA**
 STREET ADDRESS **1128 ALMERIA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** Change Addition
 NAME **GERLACH, JILL**
 STREET ADDRESS **16720 SW 78 AVE**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VD** Delete
 NAME **BREWER, MICHELLE F**
 STREET ADDRESS **12420 S.W. 62ND AVE**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** Change Addition
 NAME **ANDERSON, LEE ANN**
 STREET ADDRESS **8575 SW 127 St.**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **SD** Delete
 NAME **BREWER, MICHELLE**
 STREET ADDRESS **12420 SW 62ND AVE**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MANNIN WHITEHEAD, LOIS**
 STREET ADDRESS **15835 SW 101 AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

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: Sandra L Milledge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02
Date

305-446-5001
Daytime Phone #

CR2E037 (9/01)