

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

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90067 012 \*\*\*\*61.25

DOCUMENT # 719536

1. Entity Name

UNITED ORDER TRUE SISTERS, MIAMI 43, INC.



Principal Place of Business

1515 NORMANDT DR.  
MIAMI BEACH FL 33141

Mailing Address

1515 NORMANDT DR.  
MIAMI BEACH FL 33141

2. Principal Place of Business

1515 NORMANDY DR  
Suite, Apt. #, etc.

3. Mailing Address

1515 NORMANDY DR  
Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33141

Country

DADE

Zip

33141

Country

DADE

4. FEI Number 23-7004220

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RUTHFIELD, EVE  
1515 NORMANDY DR.  
MIAMI BEACH FL 33141

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

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  
After September 10, 2003, min will be \$236.25

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 P  
NAME RUTHFIELD, EVE  
STREET ADDRESS 1515 NORMANDY DR.  
CITY-ST-ZIP MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME ROSALIND GOELER  
STREET ADDRESS 1750 NE 19101 ST #307  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME BAY, PEARL  
STREET ADDRESS 941 NE 172 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME BAY, PEARL  
STREET ADDRESS 941 NE 172 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME MALNICK, MARY  
STREET ADDRESS 1000 WEST AVE #803  
CITY-ST-ZIP MIAMI FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: *Pearl Bay* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03 305-651-1755

CR2E037 (4/03)