

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90009 048 ****61.25

DOCUMENT # 721374

1. Entity Name

MIAMI, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATI

Principal Place of Business

Mailing Address

**8453 NW 70 ST
 MIAMI FL 33166**

**P.O. BOX 52-4234
 MIAMI FL 33152-4234
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6152463

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

**MILLS, MARILYN F
 8453 NW 70 ST
 MIAMI FL 33166**

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 **TD** Delete
 NAME **MILLS, MARILYN**
 STREET ADDRESS **8455 N.W. 70 ST**
 CITY-ST-ZIP **MIAMI-FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **LEVINE, LINDA**
 STREET ADDRESS **2210 HAYES ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** Change Addition
 NAME **LEVINE, LINDA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ELIAS, CHRISTI**
 STREET ADDRESS **128 ORGUIDA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TOBIN, NANCY**
 STREET ADDRESS **8045 S.W. 107TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** Change Addition
 NAME **TOBIN, NANCY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **BIRCHFIELD, LISA**
 STREET ADDRESS **2210 HAYES ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **SD** Change Addition
 NAME **BIRCHFIELD, LISA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **HATZENBUTLER, BELINDA**
 STREET ADDRESS **1329 PENNSYLVANIA AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33129**

TITLE **PD** Change Addition
 NAME **OLGA ALEMAN-FERNANDEZ**
 STREET ADDRESS **1177 SW 23 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33135**

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:

Marilyn Mills
MARILYN MILLS

4/27/00 (305) 592-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)