

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723679

1. Entity Name

MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90074 002 ****61.25

Principal Place of Business 7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014	Mailing Address 7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014-6879
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DO NOT WRITE IN THIS SPACE

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 65-0240302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCHNER, BUSS
 7480 FAIRWAY DRIVE
 #206
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name: MARINA PAVLOV
 Street Address (P.O. Box Number is Not Acceptable): 7480 FAIRWAY DR. #206
 City: MIAMI LAKES, FL Zip Code: 33014

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] DATE: 1/24/00
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

TITLE	VTD	<input type="checkbox"/> Delete
NAME	GORT, WILFREDO	
STREET ADDRESS	3500 PAN AMERICAN DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	R.S. SHIVER	
STREET ADDRESS	404 W. PALM AVE.	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	REBECA SOSA	
STREET ADDRESS	901 S.W. 62ND AVE.	
CITY-ST-ZIP	WEST MIAMI FL	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	KINZER, MITCHELL	
STREET ADDRESS	9293 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	GALDWELL, CARMEN Julio ROBAINA	
STREET ADDRESS	501 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAVALIER, JOHN A JR	
STREET ADDRESS	201 WESTWARD DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DANIEL TANTLEFF		
STREET ADDRESS	655 96TH ST.		
CITY-ST-ZIP	BAL HARBOUR, FL		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/24/00 Daytime Phone #: 305-557-1722

CR2E037 (9/99)