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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737905

DADE COUNTY RETIRED TEACHERS ASSOCIATION, INC.

FILED
Jul 21, 2002 8:00 am
Secretary of State
07-21-2002 90013 016 ****61.25

Principal Pla	ace of Busines	s	Mailing Address						
	165 N.E. 162 STREET MIAMI FL 33162		P.O. BOX 64-0525 MIAMI FL 33164-0525 US			00130400			
2. Principal	Place of Busin	ness	3. Mailing Address						
			- Maining Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State C			City & State	City & State		4. FEI Number 59-2353602			pplied For
Zip	Country Zip Country				5. Certificate of Status Desired				
	6. Name	and Address of Current	Registered Agent	·		7. Name and Addres	s of New Register	·	
-		manager a server marker		Name			.e		
WARREN	, EMILY P			Street	Address (P.0	O. Box Number is Not	Acceptable)	n	
165 NE 1	162 STREET								
MIAMI FL	. 33162					·			
				City				Zip Cod	le
8. The above	e named entity	submits this statement fo	the purpose of changing its	registered office	or registered	agent, or both, in the	State of Florida. I	am familiar with,	and accept
the obliga	ations of regist	ered agent.							
	Emi	ly P. Warre	(ر				7	15-150	
SIGNATURE .		or printed name of registered agent a		E: Registered Agent sign	ature required who	en reinstating)		15-02	}
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	After Sept	ember 13. 2002.	 9. Election Car 	npaign Financing	œ.	5 00 w n i	Maka Ch	ook Dovoble	. .
?	•	ember 13, 2002, I be \$236.25.	9. Election Car Trust Fund (npaign Financing Contribution,	□ \$	5.00 May Be		eck Payable	
	•	l be \$236.25.	Trust Fund (∐ Ac	dded to Fees	Depart	ment of State	e
10.	min. wil		Trust Fund (Contribution,	ADI	DITIONS/CHANGES 1	Depart	ment of State	e
10. TITLE	min. wil	OFFICERS AND DIF	Trust Fund (TITLE	ADI	DITIONS/CHANGES 1	Depart	ment of State	e
10.	min. wil	OFFICERS AND DIF	Trust Fund (11. TITLE NAME	ADIO S	DITIONS/CHANGES I	Departi O OFFICERS AND くり とど	ment of State	1 10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, MAI 15600 NW MIAMI FL 3	OFFICERS AND DIF RIAN 7TH AVE 33169	Trust Fund (11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADIREC RICHA	DITIONS/CHANGES I	Departi O OFFICERS AND R A LF 1/28	DIRECTORS IN Change	1 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DEAN, MAI 15600 NW MIAMI FL S D BAXLEY, W 9755 SW 2	OFFICERS AND DIF	Trust Fund (11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADIRECT RICHA IA DO S. MIRAMI DIRECT MERRY	DITIONS/CHANGES TO DEAGUE SWIZTERRA FL 33145~ TOR SCHRAGE MINAN LAK	Departi O OFFICERS AND R A LF 1628 EWAY Sou	D DIRECTORS IN Change	₹ 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, MAI 15600 NW MIAMI FL 3 D BAXLEY, W 9755 SW 2 MIAMI FL 3	OFFICERS AND DIF	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADIRECT MERRY 7241 MIRMS	DITIONS/CHANGES TO DEAGUE SW 12 TERRA FL 33 145- TOR SCHRAGE MIRMI LAK LAKES FI	Departi O OFFICERS AND R A LF 1628 EWAY Sou	D DIRECTORS IN Change	l 10 ☐ Addition
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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:

7-15-02 305 947-7027