

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90140 003 ****70.00

DOCUMENT # 737905

1. Entity Name
DADE COUNTY RETIRED TEACHERS ASSOCIATION, INC.



Principal Place of Business

**165 N.E. 162 STREET
MIAMI FL 33162
US**

Mailing Address

**P.O. BOX 64-0525
MIAMI FL 33164-0525
US**

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 **59-2353602**

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

7. Name and Address of New Registered Agent

**WARREN, EMILY P
165 NE 162 STREET
MIAMI FL 33162**

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 *Emily P. Warren*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-03

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **DEAGUERA, RICHARD**
STREET ADDRESS **1200 SW 17 TERRACE**
CITY-ST-ZIP **MIAMI FL 33145-1628**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHARGE, MERRY**
STREET ADDRESS **7241 MIAMI LAKEWAY SOUTH**
CITY-ST-ZIP **MIAMI LAKES FL 33014-2603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **EVE, CHRISTINA M**
STREET ADDRESS **586 N.W. 48TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **LEON, BARBARA**
STREET ADDRESS **9470 OAK GROVE CIR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WARREN, EMILY P**
STREET ADDRESS **165 N. E. 162ND STREET**
CITY-ST-ZIP **MIAMI FL 33162-4226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLUE, THEODORE R JR.**
STREET ADDRESS **17631 NW 14 PLACE**
CITY-ST-ZIP **MIAMI FL 33169-4675**

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: *Emily P. Warren* **REQUIRED**

1-22-03 305 947-7020

CR2E037 (10/02)