

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749261

1. Entity Name

MAYOR'S ECONOMIC TASK FORCE, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90007 046 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 611681
N. MIAMI FL 33261-1681

P.O. BOX 611681
N. MIAMI FL 33261-1681

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
59-2396710

Applied For

Not Applicable

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

PAVILACK, MYRNA
470 NE 142ND ST
N MIAMI FL 33161

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	<input type="checkbox"/> Delete
NAME	COBO, BLANCA	
STREET ADDRESS	13490 N.W. 7TH AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABELL, GWEN	
STREET ADDRESS	13400 BISCAYNE BLVD.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFMEISTER, VINCENT J	
STREET ADDRESS	1100 N.W. 95TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREENFIELD, PAUL J	
STREET ADDRESS	1200 NE 125 ST	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAVILACK, MYRNA	
STREET ADDRESS	1100 N.W. 95TH ST., SUITE 477	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Gwen Abell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 305-947-6101
Date Daytime Phone #

CR2E037 (9/01)