

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90044 007 ****61.25

DOCUMENT # 749261

1. Entity Name
MAYOR'S ECONOMIC TASK FORCE, INC.



Principal Place of Business
P.O. BOX 611681
N. MIAMI, FL 33261-1681

Mailing Address
P.O. BOX 611681
N. MIAMI, FL 33261-1681

44021894



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE **TD** ☐ Delete
NAME **COBO, BLANCA**
STREET ADDRESS **13490 N.W. 7TH AVE.**
CITY-ST-ZIP **N. MIAMI, FL**

TITLE **SD** ☐ Delete
NAME **ABELL, GWEN**
STREET ADDRESS **13400 BISCAYNE BLVD.**
CITY-ST-ZIP **N. MIAMI, FL**

TITLE **PD** ☐ Delete
NAME **PAVILACK, MYRNA**
STREET ADDRESS **1100 N.W. 95TH ST., SUITE 477**
CITY-ST-ZIP **MIAMI, FL**

TITLE **V** ☐ Delete
NAME **MERKE, CLARENCE**
STREET ADDRESS **905 NW 133 ST**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *Gwen Abell* - **Gwen Abell** 3/24/04 305-947-6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #