

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90989 043 \*\*\*\*61.25

**DOCUMENT # 757006**

1. Entity Name

**THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MAN**

Principal Place of Business <b>200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2339</b>	Mailing Address <b>200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2310</b>
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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	4. FEI Number <b>65-0231220</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ZELEK, MARK E.**  
**200 S. BISCAYNE BLVD.**  
**5300 S.E. FINANCIAL CENTER**  
**MIAMI FL 33131-2339**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HUNNEYCUTT, MILLIE</b>
STREET ADDRESS	<b>17777 OLD CUTLER RD</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MONTENEGRO, DIANA</b>
STREET ADDRESS	<b>3250 MARY ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CAPALDO, LYNN</b>
STREET ADDRESS	<b>3750 NW 87TH AVE., SUITE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>NORRIS, RONALD</b>
STREET ADDRESS	<b>4001 SW 47TH AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33314</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FLYNN, CAROL</b>
STREET ADDRESS	<b>1118 NW 159 DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>KRAUS, MICHAEL</b>
STREET ADDRESS	<b>19551 WHISPERING PINES RD</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICKI L. SMITH-BILT</b>
STREET ADDRESS	<b>201 S. BISCAYNE BLVD. STE 2400</b>
CITY-ST-ZIP	<b>MIAMI FL 33131.4332</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIANA MONTENEGRO</b>
STREET ADDRESS	<b>3250 MARY STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPALDO, LYNN</b>
STREET ADDRESS	<b>3750 NW 87th AVE, STE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK CHESKIN</b>
STREET ADDRESS	<b>200 S. BISCAYNE BLVD., STE 4000</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIE ZARET</b>
STREET ADDRESS	<b>15800 NW 48th AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33012</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL KRAUS</b>
STREET ADDRESS	<b>19551 WHISPERING PINES ROAD</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>

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: *Michael Kraus*      04/27/00      305.358.5171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP12E037 (9/99)