

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762509

1. Entity Name

THE MIAMI SHORES MAYOR'S COMMUNITY TASK FORCE, I

Principal Place of Business

9617 PARK DR
MIAMI FL 33138

Mailing Address

P.O. BOX 531512
MIAMI SHORES FL 33153

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2210193

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEVEN J
9165 PARK DR
MIAMI FL 33138

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

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

TITLE VCD
NAME LEONARD, REBEKKAH
STREET ADDRESS 9343 NE 9TH PLACE
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE CD
NAME PYKE, ROBIN
STREET ADDRESS 9343 N.E. 9TH PLACE
CITY-ST-ZIP MIAMI SHORES FL 33138 ☒ Delete

TITLE TD
NAME JOHNSON, STEVEN J
STREET ADDRESS 145 NE 95TH ST
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

TITLE SD
NAME HOLLY, HERTA
STREET ADDRESS 9660 NE 5TH AVE RD
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

TITLE D
NAME ULMER, MARK S
STREET ADDRESS 800 NE 98TH ST
CITY-ST-ZIP MIAMI SHORES FL 33138 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE D
NAME Davis, Alfred
STREET ADDRESS 405 NE 99 ST.
CITY-ST-ZIP Miami Shores FL 33138 ☐ Change ☒ Addition

TITLE VCP
NAME Calhoun, Cheryl
STREET ADDRESS 10610 NE 10 Place
CITY-ST-ZIP Miami Shores FL 33138 ☐ Change ☒ Addition

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:

Steven J Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305-751-7059

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE