

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766819

1. Entity Name

DADE COUNTY SCIENCE TEACHERS' ASSOCIATION, INC. *P*

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90036 003 ****61.25

Principal Place of Business 12401 S.W. 74 AVE. PINECREST FL 33156 US	Mailing Address 7350 SW 133 TERR MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 10800 SW 134th COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33186	US
4. FEI Number 59-2405449		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOSELER, MARCIA 12401 S.W. 74TH AVE. PINE CREST FL 33156		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAMILLE, ISABEL 19400 GULFSTREAM RD MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOSELER, MARCIE 12401 SW 74TH AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZIELER, BARBARA 13125 SW 72ND ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BANAS, SUZANNE 19400 GULFSTREAM RD MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Khalil, Wafa 3979 Rickenbacker Causeway MIAMI, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIEGFRIEDT, MARIA 7350 SW 133 TERR MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARY TWEEDY 10800 SW 134 Ct MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENSPAN, YVETTE 5757 SW 45TH ST. MIAMI FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARCIE BOSELER *Marcie Boseler* 8-22-00 305-238-4306
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)