

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90057 034 ****61.25

DOCUMENT # 766819

1. Entity Name

DADE COUNTY SCIENCE TEACHERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12401 S.W. 74 AVE.
 PINECREST FL 33156
 US

10800 SW 134TH COURT
 MIAMI FL 33186
 US

0 3 1 0 1 1



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

59-2405449

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOSELLER, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-02

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: **DS** Delete
 NAME: **CAMILLE, ISABEL**
 STREET ADDRESS: **19400 GULFSTREAM RD**
 CITY-ST-ZIP: **MIAMI FL 33157**

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

TITLE: **DP** Delete
 NAME: **BOSELLER, MARCIE**
 STREET ADDRESS: **12401 SW 74TH AVENUE**
 CITY-ST-ZIP: **MIAMI FL**

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

TITLE: **DV** Delete
 NAME: **ZIELER, BARBARA**
 STREET ADDRESS: **13125 SW 72ND ST**
 CITY-ST-ZIP: **MIAMI FL**

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

TITLE: **DV** Delete
 NAME: **KHALIL, Wafa**
 STREET ADDRESS: **3979 RICKENBACKER CAUSEUCNY**
 CITY-ST-ZIP: **MIAMI FL**

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

TITLE: **DT** Delete
 NAME: **TWEEDY, MARY**
 STREET ADDRESS: **10800 SW 184 CT**
 CITY-ST-ZIP: **MIAMI FL 33186**

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

TITLE: **DV** Delete
 NAME: **GREENSPAN, YVETTE**
 STREET ADDRESS: **5757 SW 45TH ST.**
 CITY-ST-ZIP: **MIAMI FL 33756**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: 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 empowerments.

SIGNATURE:

Signature of Camille Isabel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 *305-233-4039*
 Date Daytime Phone #

CRZE037 (9/01)

UWZRSU