

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767150

1. Entity Name

MIAMI ASSOCIATION OF COMMUNICATION SPECIALISTS,

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90024 003 ****61.25

Principal Place of Business

8100 S.W. 81 DR. #240
MIAMI FL 33143

Mailing Address

4726 SW 67TH AVE
F-10
MIAMI FL 33155-5863
US

2. Principal Place of Business

3. Mailing Address

6035 Bird Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33155

USA

4. FEI Number

59-1834674

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

MUSSON, NAN D
4726 SW 67TH AVE
F-10
MIAMI FL 33155

Name

Lopez-Ramirez, Dania

Street Address (P.O. Box Number is Not Acceptable)

6035 Bird Rd #203

City

Miami

FL

Zip Code

33155

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

Daniel K. Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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	PED	<input checked="" type="checkbox"/> Delete
NAME	LANGHAUSER, KAREN	
STREET ADDRESS	160 NW 170TH ST.	
CITY-ST-ZIP	NO. MIAMI BCH. FL 33169	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	MUSSON, NAN	
STREET ADDRESS	4726 SW 67TH AVE, F-10	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, VIVIAN	
STREET ADDRESS	4445 W 16 AVE #500	
CITY-ST-ZIP	HALEAH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ANNIE R	
STREET ADDRESS	300 RIDGEWOOD RD.	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, DANIA	
STREET ADDRESS	1606 SW 101 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILSON-VAZQUEZ, KATHLEEN	
STREET ADDRESS	1201 NW 16TH ST (126)	
CITY-ST-ZIP	MIAMI FL	

TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evans, Rachel	
STREET ADDRESS	6200 SW 73 St.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristy Weissling	
STREET ADDRESS	3301 College Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tipp, Vivian	
STREET ADDRESS	900 W 49 St	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	YPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Barbara	
STREET ADDRESS	6200 SW 73 St.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Trs.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez-Ramirez Dania	
STREET ADDRESS	6035 Bird Rd #203	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santa, Daphne	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)