

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770675

1. Entity Name

GREATER MIAMI, FLORIDA, CHAPTER OF THE NATIONAL

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90299 033 ****61.25

Principal Place of Business

Mailing Address

3300 RICE STREET
6
MIAMI FL 33133
US

1825 PONCE DE LEON
#299620
CORAL GABLES FL 33134-4418
US

2. Principal Place of Business

7270 N.W. 12 Street

3. Mailing Address

1825 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

Suite 299

City & State

City & State

Miami, FL

Coral Gables, FL 33134

Zip

Zip

Country

Country

33126

33134

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2030736

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

SANDRA HERNANDEZ ADAMS
3300 RICE ST.
STE 8
MIAMI FL 33133

Name

Mariazell H. Arias

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

7270 N.W. 12 Street

Suite 205

City

Miami

FL

Zip Code

33126

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANTON-REINSTEIN, REBECCA 20553 BISCAYNE BLVD., #368 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OUELETTE, DELANEA 8001 GRAND CANAL DR. MIAMI FL 33144-2149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDY, Nanci 100 S.E. 2ND STREET, SUITE 3920 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	Bristol-Allen - VPD 2121 N. Bayshore Drive Suite 1201 Miami, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Arias, Mariazell 7270 N.W. 12 St. Suite 205 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 444-4437

CR2E037 (9/99)