7

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-12-2001 90111 023 ****61.25

DOCUMENT # N00000000785

1. Entity Name
FLORIDA ASSOCIATION OF MEETING AND EVENT PROFESS

0260

Principal Place of Business	Mailing Address
P.O. BOX 460662 FT. LAUDERDALE FL 33346	P.O. BOX 460662 FT. LAUDERDALE FL 33346

10469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1003531 — 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
HEARNS, JOAN 6680 NW 40TH ST. MIAMI SPRINGS FL 33166	Name: JUDY ROSENTHAL Street Address (P.O. Box Number is Not Acceptable): 600 N.E. 36 STREET #1704 City: MIAMI, FL Zip Code: 33137

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: Judy Rosenthal JUDY ROSENTHAL — JULY 7/01
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
After September 12, 2001, min. will be $236.25

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	CO-CHAIR & PUBLIC RELATIONS ☐ Delete	TITLE	SPONSORSHIP ☐ Change ☐ Addition
NAME	JUDY ROSENTHAL	NAME	KAREN DALEY
STREET ADDRESS	600 NE 36 ST #1704	STREET ADDRESS	3950 NW 90 Ave
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	CO-CHAIR & EDUCATION ☐ Delete	TITLE	SECRETARY RECORDING ☐ Change ☐ Addition
NAME	AUDREY BROWN	NAME	ALENE KUBINEK
STREET ADDRESS	3301 NE 5 AVE #107	STREET ADDRESS	10854 SW 88 ST #209
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	MIAMI, FL 33176
TITLE	NEWSLETTER EDITOR ☐ Delete	TITLE	HISTORIAN ☐ Change ☐ Addition
NAME	BEVERLY CITRON	NAME	ADLISH MILLER
STREET ADDRESS	1833 MADISON ST	STREET ADDRESS	7001 SW 8 CT
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	MEMBERSHIP ☐ Delete	TITLE	JOANIE MADURI ☐ Change ☐ Addition
NAME	MARIE COLONGO	NAME	PALM BEACH REP.
STREET ADDRESS	7290 JACARANDA LANE	STREET ADDRESS	321 OLD MEADOW WAY
CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOFIA REAL D'HERCKERS	NAME	
STREET ADDRESS	1800 SE 25 AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	SECRETARY CORRESPONDING ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHEILA KELLY	NAME	
STREET ADDRESS	2146 PRAIRIE AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	

CR2E037 (5/01)

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 SOFIA REAL D'HERCKERS 7/5/01 (954) 764-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #