

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

P.O. BOX 460662
 FT. LAUDERDALE FL 33346

Mailing Address

P.O. BOX 460662
 FT. LAUDERDALE FL 33346

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

HEARNS, JOAN
 6680 NW 40TH ST.
 MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

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
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

July 7/01
 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

TITLE	CO-CHAIR & PUBLIC RELATIONS ☒ Delete
NAME	JUDY ROSENTHAL
STREET ADDRESS	600 NE 36 ST #1704
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	CO-CHAIR & EDUCATION ☐ Delete
NAME	AUDREY BROWN
STREET ADDRESS	3301 NE 5 AVE #107
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	NEWSLETTER EDITOR ☐ Delete
NAME	BEVERLY CITRON
STREET ADDRESS	1833 MADISON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MEMBERSHIP ☐ Delete
NAME	MARIE COLONGO
STREET ADDRESS	7290 JACARANDA LANE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	TREASURER ☐ Delete
NAME	SOFIA REAL D'HERCKERS
STREET ADDRESS	1800 SE 25 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	SECRETARY CORRESPONDING ☐ Delete
NAME	SNEILA KELLY
STREET ADDRESS	3146 PRAIRIE AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SPONSORSHIP ☐ Change ☐ Addition
NAME	KAREN DALEY
STREET ADDRESS	13950 NW 90 AVE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SECRETARY RECORDING ☐ Change ☐ Addition
NAME	ALENE KUBINEK
STREET ADDRESS	10854 SW 88ST #209
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	HISTORIAN ☐ Change ☐ Addition
NAME	APOLISH MILLER
STREET ADDRESS	7001 SW 8 CT
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	JOANIE MADURI ☐ Change ☐ Addition
NAME	PALM BEACH REP.
STREET ADDRESS	321 OLD MEADOW WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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:

SOFIA REAL D'HERCKERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/01
764-8351

CR2E037 (5/01)