

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000000785**

1. Entity Name

**FLORIDA ASSOCIATION OF MEETING AND EVENT PROFESSIONALS, INC.**

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1003531**Applied For  
Not Applicable5. 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

**ROSENTHAL, JUDY  
600 NE 36 STREET  
# 1704  
MIAMI FL 33137**

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

**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  
**CPRD  
ROSENTHAL, JUDY  
600 NE 36 ST # 1704  
MIAMI FL 33137** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCED  
BROWN, AUDREY  
3301 NE 5 AVENUE # 107  
MIAMI FL 33137** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NED  
CITRON, BEVERLY  
1833 MADISON ST  
HOLLYWOOD FL 33020** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MD  
COLONGO, MARIE  
7290 JACARANDA LANE  
MIAMI LAKES FL 33014** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
D'HERCKERS, SOFIA REAL  
1800 SE 25 AVENUE  
FORT LAUDERDALE FL 33316** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SCD  
KELLY, SHEILA  
2146 PRAIRIE AVENUE  
MIAMI BEACH FL 33139** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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 empowered.

**SIGNATURE:****Sofia D'Herckers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90233 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

(954) 764-8351

04-22-02