

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004947

1. Entity Name

UNITED TEACHERS OF DADE CHRISTIANS FOR MORALITY
CAUCUS INCORPORATED

Principal Place of Business

Mailing Address

701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

P.O. Box 127368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah, Florida

Zip

Country

Zip

Country

33012-1623

Dade

4. FEI Number

65-1120218

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

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 ☐ Delete
NAME D
STREET ADDRESS PALACIOS, FLORENCIA M
CITY-ST-ZIP 701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GORE, MARILYN
CITY-ST-ZIP 701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DIAZ, LIANA ALVAREZ
CITY-ST-ZIP 701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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: Florencia M. Palacios 2/26/02 305 213-7729

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90032 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)