

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-26-2002 90129 026 ****70.00

DOCUMENT # N01000006784

1. Entity Name

MIAMI EMPLOYEES ASSOCIATION, INC.

Principal Place of Business

**7500 N W 58TH STREET
 MIAMI FL 33166**

Mailing Address

**7500 N W 58TH STREET
 MIAMI FL 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

655478223

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

**REILING, EDWARD P
 500 WESTON RD.
 TE. 220
 WESTON FL 33331**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **DP RUSSELL HART**
 STREET ADDRESS **16736 S.W. 5TH WAY**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Change ☒ Addition
 NAME **VP JOHN COX**
 STREET ADDRESS **3501 SW 14TH CT**
 CITY-ST-ZIP **MIAMI 33145**

TITLE ☐ Change ☒ Addition
 NAME **DS MATTHEW VALCHO**
 STREET ADDRESS **11560 SW 12TH ST**
 CITY-ST-ZIP **PENDLETON AVE, FL 33025**

TITLE ☐ Change ☒ Addition
 NAME **ST LOIS RANDLEY**
 STREET ADDRESS **P.O. BOX 8954**
 CITY-ST-ZIP **COM SPRINGS, FL 33075**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 305-714-1784

Date

Daytime Phone #

CR2E037 (9/01)