

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-17-2003 90134 042 ****61.25

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1. Entity Name

GARVEY MACEO PAST STUDENT ASSOCIATION, INC.



Principal Place of Business

**6008 WILEY ST
HOLLYWOOD FL 33023**

Mailing Address

**7912 ORLEANS ST
MIRAMAR FL 33023**

55042031



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0865797

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROSE, MARTELL
7912 ORLEANS ST
MIRAMAR FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

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 \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** NAME **Martell Rose - President** ☐ Delete
STREET ADDRESS **7912 Orleans St**
CITY-ST-ZIP **Miramar FL 33023**

TITLE NAME **Vice President** ☐ Delete
STREET ADDRESS **Rudrick DAWES**
CITY-ST-ZIP **6808 SW 5th St Pembroke Pines FL 33023**

TITLE **D** NAME **Advisor** ☐ Delete
STREET ADDRESS **Azra DAWES**
CITY-ST-ZIP **20075 NW 2nd Ave Miami FL 33179**

TITLE **D** NAME **Seety - Treasurer** ☐ Delete
STREET ADDRESS **Claudette Gomez**
CITY-ST-ZIP **6008 Wiley St Hollywood FL 33023**

TITLE NAME **Member** ☐ Delete
STREET ADDRESS **Kinland Lewis**
CITY-ST-ZIP **300 NW 189 Terr Miami FL 33169**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE NAME ☐ Change ☐ Addition
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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)