


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000007725	
1. Entity Name NATIONAL BOARD CERTIFIED TEACHERS OF MIAMI-DADE, INC.	

Principal Place of Business 900 NE 125 ST 10 MIAMI, FL 33161	Mailing Address 900 NE 125 ST 10 MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE

08062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1651310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KAREN, SOLIS-GUELMES V
900 NE 125 ST SUITE 10
MIAMI, FL 33161

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

00000772574
08/22/07-80005-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMER, DOROTHY 900 NE 125 ST SUITE 10 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLIS-GUELMES, KAREN V 900 NE 125 ST SUITE 10 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDOLIA, YVONNE 900 NE 125TH STREET SUITE 10 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATRICIA, PEREZ 225 NE 34TH STREET SUITE 300 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia Perez Allen August 14, 2007 305-632-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #