2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007745

Entity Name: FRIENDS OF MIAMI SHORES ELEMENTARY SCHOOL, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10351 N.E.	DRES ELEME . FIFTH AVEN DRES, FL 33°						
Current Mailing Address:				New Mailing Address:			
P.O. BOX S	531253 331531253						
FEI Number:	16-1632732	FEI Number Applied For()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:		Name and	Address of N	lew Registered Agent:	
RUIZ, JACKI L MRS. 1532 N.E. 104TH STREET MIAMI SHORES, FL 33138				SCASSERRA, MELISSA L MRS. 442 NE 103RD STREET MIAMI SHORES, FL 33138			
The above in the State		submits this statement for the p	ourpose of	f changing it	ts registered o	office or registered agent, or both,	
SIGNATURE: MELISSA SCASSERRA						04/29/2003	
	Electro	nic Signature of Registered Age	ent			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	≀S:
Title: Name: Address: City-St-Zip: Title: Name:	RUIZ, JACKI L 1532 N.E. 104 MIAMI SHORE S (SCASSERRA,	TH STREET S, FL 33138) Delete MELISSA M MRS.		Title: Name: Address: City-St-Zip: Title: Name:	RUIZ, JACKI L 1532 N.E. 104T MIAMI SHORES PD (X) SCASSERRA, N	TH STREET S, FL 33138) Change ()Addition MELISSA M MRS.	
Address: City-St-Zip:	442 N.E. 103R MIAMI SHORE			Address: City-St-Zip:	442 N.E. 103RI MIAMI SHORES		
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	TD (X) HURSEY, BREI 125 NW 107TH MIAMI SHORES	STREET	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VPD () SELL, CHERYL 10618 NE 11TH MIAMI SHORES	1 AVENUE	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VPD () LATUS, MELISS 120 NE 91ST S MIAMI SHORES	TREET	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA SCASSERRA PD 04/29/2003