

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90001 015 ****61.25

DOCUMENT # N26174

1. Entity Name

THE MICO ALUMNI ASSOCIATION OF SO. FLA. INC.

Principal Place of Business

Mailing Address

P O BOX 17855
 PLANTATION FL 33318

P O BOX 17855
 PLANTATION FL 33318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0139620**

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

LINDSAY, SHIRLEY
10699 SW 20TH COURT
MIRAMAR FL 33025

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

Shirley Lindsay

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	PD	<input type="checkbox"/> Delete
NAME	BOOTH, ERNEST	
STREET ADDRESS	1300 ST CHARLES PL #720	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, EILEEN	
STREET ADDRESS	9548 NW 53RD ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONAS, CORAL	
STREET ADDRESS	4581 NW 43RD CT	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOBBAN, RUBY	
STREET ADDRESS	7321 NW 35 ST	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	FRANCIS, RAYMOND	
STREET ADDRESS	1311 SW 98 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	COWARD, MONICA	
STREET ADDRESS	11112 NW 38 PL	
CITY-ST-ZIP	SUNRISE FL 33351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Davis	
STREET ADDRESS	9548 N.W. 53 St.	
CITY-ST-ZIP	Sunrise, Fl. 33351	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruby Lobban	
STREET ADDRESS	7321 N.W. 43rd Ct.	
CITY-ST-ZIP	LAUDERDALE LAKES FL. 33319	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Kennedy	
STREET ADDRESS	7916 Coral Blvd	
CITY-ST-ZIP	Miramar Fl. 33023	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Lindey	
STREET ADDRESS	10699 S.W. 20th	
CITY-ST-ZIP	Miramar Fl. 33025	
TITLE	ATD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Francis	
STREET ADDRESS	1311 S.W. 98 Ave	
CITY-ST-ZIP	Pembroke Pines Fl. 33025	
TITLE	ASD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monica Coward	
STREET ADDRESS	11112 N.W. 38 Pl	
CITY-ST-ZIP	Sunrise Fl. 33351	

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:

Shirley Lindsay

7-11-01 (954) 900-3152

CR2E037 (10/00)