

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90046 022 ****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 **Shirley Lindsay**

4-21-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOTH, ERNEST 1300 ST CHARLES PL #720 PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, EILEEN 9548 NW 53RD ST SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, NORMA 7916 NW 43RD CT LAUDERDALE LAKES FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOBBAN, RUBY 7321 NW 35 ST LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD FRANCIS, RAYMOND 1311 SW 98 AVE PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD COWARD, MONICA 11112 NW 38 PL SUNRISE FL 33351	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lobban, Ruby 7321 N.W. 35 ST. Lauderhill Fl. 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Green, Stan 322 N.W. 187 St. Miami Fl. 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lindsay, Shirley 10699 SW 20th Ct. Miramar Fl. 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Williams, Clifford 4571 N.W. 90th Ave Sunrise Fl. 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kennedy, Norma 7916 Coral Blvd. Miramar Fl. 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Campbell, Sandra 4501 N.W. 70th Ave Lauderhill Fl. 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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 **Shirley Lindsay**

4-21-02

(954) 985-3156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Phone #