

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90002 042 ****61.25

DOCUMENT # N28921

1. Entity Name
SOUTH FLORIDA RESEARCH COUNCIL, INC.

Principal Place of Business Mailing Address
3900 BISCAYNE BLVD Peacock Plaza **3900 BISCAYNE BLVD Peacock Plaza**
MIAMI FL 33137 **15000 S.W. 27th St** **MIAMI FL 33137** **15000 S.W. 27th St**
US **MIRAMAR, FL 33027** **US** **MIRAMAR, FL 33027**



2. Principal Place of Business 3. Mailing Address
Peacock Plaza, NBC 6 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
15000 S.W. 27th St
 City & State City & State
MIRAMAR, FL
 Zip Country Zip Country
33027 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0126433** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~DIAZ, CARMEN~~
~~3900 BISCAYNE BLVD~~
~~MIAMI FL 33137~~
FRAZIER, BETTY
Peacock Plaza
15000 S.W. 27th St
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
 Name **FRAZIER, Betty**
 Street Address (P.O. Box Number Not Acceptable)
Peacock Plaza, NBC 6
15000 S.W. 27th St
 City **MIRAMAR** FL Zip Code **33027**

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 **Betty Frazier** *Betty Frazier*
 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
After September 13, 2000 min. will be \$236.25

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 NAME	P DIAZ, CARMEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3900 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE NAME	T FRAZIER, BETTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	316 N MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE NAME	ST BRYDGER, ALLEN	<input type="checkbox"/> Delete
STREET ADDRESS	2290 W. 8TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE NAME	D MOREL, JUMO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9405 NW 41 ST.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	T MEGERIAN, CARLA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2055 LEE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33014	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Betty Frazier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Peacock Plaza	
CITY-ST-ZIP	15000 SW 27th Street MIRAMAR, FL 33027	
TITLE NAME	ST Marci Crawford	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16550 NW 52nd Avenue	
CITY-ST-ZIP	Miami, FL 33020	
TITLE NAME	D Kawanza Saunders	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Peacock Plaza	
CITY-ST-ZIP	15000 SW 27th Street MIRAMAR, FL 33027	
TITLE NAME	D Julie Rodriguez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	605 Lincoln Rd	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE NAME	D Carla Megerian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2055 Lee Street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE NAME	D Allen Brydger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2340 W. 8th Avenue	
CITY-ST-ZIP	Miami, FL 33010	

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: *Betty Frazier* **REQUIRE** **8/28/00** **954-622-6736**
 Signature and typed or printed name of signing officer or director Date Daving Phone #

CR2E037 (5/00)