

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34569

1. Entity Name

SOUTH DADE CHAPTER #4463 OF AMERICAN ASSOCIATION

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90482 039 ****61.25

0034077

Principal Place of Business

Mailing Address

1ST NATIONAL BANK
PIONEER ROOM
HOMESTEAD FL 33030
US

987 NE 5TH AVE
HOMESTEAD FL 33030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3092425

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TRANHAM, CLYDE J
987 NE 5TH AVE
HOMESTEAD FL 33030

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

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
D
RODELY, CLARENCE H.
1520 NE 14 ST
HOMESTEAD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Ramirez MargaeT
26467 SW 126TH AVE
Homestead FL 33032 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CRAY, BETTY
2527 SE 20TH PL
HOMESTEAD FL 33035-1308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Holmes, Elba
23105 SW 182 AVE
Miami FL 33170 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GANERAZZO, LOUISE
14915 GARFIELD DR
HOMESTEAD FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Tranham Hugh
987 NE 5TH AVE
Homestead FL 33030 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LOWMAN, MARTHA
445 NW 13TH ST
HOMESTEAD FL 33030 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TRUNHAM, CLYDE
987 NE 5TH AVE
HOMESTEAD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EUNICE, AMELIA
24700 SW 187TH AVE
HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Clyde J. Tranham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01 305-248-3376

Date Daytime Phone #

CR2E037 (10/00)