

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36847

1. Entity Name

THE JUNIOR ASSEMBLY OF MIAMI, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90086 008 ****61.25

Principal Place of Business

Mailing Address

66 W FLAGLER ST
SUITE 608 1000
MIAMI FL 33130
US

66 W FLAGLER ST
SUITE 608 1000
MIAMI FL 33130-1894
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 1000

Suite, Apt. #, etc.

Suite 1000

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0257780

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

BLAKE, TIMOTHY C
601 ARMDA PARKWAY
CORAL GABLES FL 33156

7370 SW 129 Street
Pinecrest, FL 33156

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

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	D	<input type="checkbox"/> Delete
NAME	CALDWELL, NANCY W.	
STREET ADDRESS	520 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATTLER, DEBORAH	
STREET ADDRESS	11180 SNAPPER CREEK ROAD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKERSON, JOYCE	
STREET ADDRESS	280 LEUCADENDRA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, MAGGIE	
STREET ADDRESS	631 ARMDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOHN	
STREET ADDRESS	12440 OLD CUTLER ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, ADOLFO	
STREET ADDRESS	6140 SW 90TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	Witty, Helen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12940 S.W. 63 Ct.	
STREET ADDRESS	Miami FL 33156	
CITY-ST-ZIP		
TITLE	Fishe, Patricia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2520 San Domingo St.	
STREET ADDRESS	Coral Gables FL 33134	
CITY-ST-ZIP		
TITLE	Blount, Holly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5275 Fairchild Way	
STREET ADDRESS	Coral Gables FL 33156	
CITY-ST-ZIP		
TITLE	7370 SW 129 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pinecrest, FL 33156	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Quinn, Donna	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13915 S.W. 73 Ave.	
STREET ADDRESS	Miami FL 33158	
CITY-ST-ZIP		
TITLE	Munter, Lynn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8244 S.W. 179 Terrace	
STREET ADDRESS	Miami FL 33157	
CITY-ST-ZIP		

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: Margaret Maassen Blake Chair 2/17/00 305 232 9140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)