

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

05-16-2001 90105 020 ****61.25

78651



DO NOT WRITE IN THIS SPACE

DOCUMENT # N40169			
1. Entity Name HIALEAH MIDDLE SCHOOL SUNSHINE FUND, INC.			
Principal Place of Business 6027 E. 7 AVENUE HIALEAH FL 33013		Mailing Address 6027 E. 7 AVENUE HIALEAH FL 33013	
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 65-0218546		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES SAIREVA N 397 HARBOR COURT WESTON FL 33326		7. Name and Address of New Registered Agent DUCKARDT, LOURDES 8321 S.W. 21 ST MIAMI, FL 33155	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 9/18/01 (NOTE: Registered Agent signature required when releasing)	
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	DP WOODS, KAREN 19244 NW 67 PLACE HIALEAH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUCKARDT, LOURDES 8321 S.W. 21 ST MIAMI, FLA. 33155 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LINTZ, JEFF 1867 SW 59 CT COOPER CITY FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JAKOB, SAIREVA 12888 SW 62 LN MIAMI FL 33183 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOLINA, LISSETTE 6835 S.W. 112 ST MIAMI, FL 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TONEY, KATHLEEN 6027 E 7 AVE HIALEAH FL 33013 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ECHARDT, VICTORIA 1125 DOVE AVE MIAMI SPRINGS, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(f), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE April 25, 2011 (305) 681-3527 Daytime Phone #	

CR2E037 (10/00)