

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90064 016 *****70.00

DOCUMENT # N40169

1. Entity Name

HIALEAH MIDDLE SCHOOL SUNSHINE FUND, INC.



Principal Place of Business

Mailing Address

**6027 E. 7 AVENUE
HIALEAH FL 33013**

**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

7. Name and Address of New Registered Agent

**LASBURY, ALLISON
3714 SEGOVIA ST
CORAL GABLES FL 33134**

Name **Barbara Frye-Nesmith**

Street Address (P.O. Box Number is Not Acceptable)
1523 NW 17Bth Way

City **Pembroke Pines** FL Zip Code **33029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara Frye-Nesmith

9-8-03

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **LANSBURY, ALLISON D**
STREET ADDRESS **3714 SEGOVIA ST**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DP** ☒ Change ☐ Addition
NAME **Barbara Frye-Nesmith**
STREET ADDRESS **1523 NW 17B Way**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE **DV** ☐ Delete
NAME **LINTZ, JEFF**
STREET ADDRESS **1867 SW 59 CT**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **DT** ☒ Change ☐ Addition
NAME **Ileana Sanchez**
STREET ADDRESS **750 E 39th Street**
CITY-ST-ZIP **Hialeah, FL 33013**

TITLE **DT** ☒ Delete
NAME **MOLINA, LISSETTE**
STREET ADDRESS **6835 SW 112 ST**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DS** ☒ Change ☐ Addition
NAME **Janet Pusey**
STREET ADDRESS **PO Box 22943**
CITY-ST-ZIP **Miami, FL 33012**

TITLE **DS** ☒ Delete
NAME **ERHARDT, VICTORIA**
STREET ADDRESS **1125 DOVE AVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Barbara Frye-Nesmith

9-8-03 305 681 3527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)