

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49447

1. Entity Name

MIAMI RIGHT TO LIFE EDUCATION FUND, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90183 031 \*\*\*\*61.25

Principal Place of Business 2451 BRICKELL AVE 6J MIAMI FL 33129	Mailing Address C/O 601 BRICKELL KEY DRIVE STE. 805 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0344285</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

ALLEN & GALEGO  
 601 BRICKELL KEY DR., STE 805  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PDT	<input type="checkbox"/> Delete
NAME	ALLEN, MARTHA A	
STREET ADDRESS	2451 BRICKELL AVE, APT6J	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, LAWRENCE	
STREET ADDRESS	1191 NW 8TH ST RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TALAMAS, JULIA	
STREET ADDRESS	545 ZAMORA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AUGENSTEIN, MARTHA J	
STREET ADDRESS	2463 SW 13TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, LAWRENCE	
STREET ADDRESS	8405 NW 8th St, Apt. 307	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Martha A. Allen Date: Feb 4, 2000 Daytime Phone #: 305 379 6208

CR2E037 (9/99)