

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0344285

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

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

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 ☐ Delete
NAME PDJ
STREET ADDRESS ALLEN, MARTHA A
CITY-ST-ZIP 2451 BRICKELL AVE, APT6J
MIAMI FL 33129

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WALSH, LAWRENCE
CITY-ST-ZIP 1191 NW 8TH ST RD
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS WALSH, LAWRENCE
CITY-ST-ZIP 8405 NW 8th St, Apt. 307
MIAMI, FL 33126

TITLE ☐ Delete
NAME VD
STREET ADDRESS TALAMAS, JULIA
CITY-ST-ZIP 545 ZAMORA
CORAL GABLES FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS AUGENSTEIN, MARTHA J
CITY-ST-ZIP 2463 SW 13TH STREET
MIAMI FL

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:

Martha A. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4, 2000 305 379 6208

Date

Daytime Phone #

CR2E037 (9/99)