

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91406 014 ****61.25

DOCUMENT # N94000002695



1. Entity Name
REALTOR ASSOCIATION OF GREATER MIAMI AND THE BEACHES, INC.

Principal Place of Business
**700 S. ROYAL POINCIANA BLVD.
SUITE 400
MIAMI FL 33166**

Mailing Address
**700 S. ROYAL POINCIANA BLVD.
SUITE 400
MIAMI FL 33166**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0359750**

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

**KINNEY, TERESA K
700 S. ROYAL POINCIANA BLVD.
SUITE 400
MIAMI FL 33166**

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **KOWALSKI, FRANK E**
STREET ADDRESS **9875 SW 72 ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **TD** ☐ Change ☒ Addition
NAME **Chernoff, Jay R.**
STREET ADDRESS **2875 NE 191 St., Ste.102**
CITY-ST-ZIP **Aventura, FL. 33180**

TITLE **SD** ☐ Delete
NAME **DIXON, THOMAS J**
STREET ADDRESS **2600 DOUGLAS RD, #901**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Change ☒ Addition
NAME **Robert E. Gallaher**
STREET ADDRESS **7400 SW 50 Terr., Ste.201**
CITY-ST-ZIP **Miami, FL. 33155**

TITLE **PD** ☒ Delete
NAME **GRABILL, GERALD L**
STREET ADDRESS **825 ARTHUR GODFREY RD, 1ST FLOOR**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **V** ☒ Change ☐ Addition
NAME **Thomas J. Dixon**
STREET ADDRESS **2600 S. Douglas Rd., Ste.901**
CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE **M** ☐ Delete
NAME **KING KINNEY, TERESA**
STREET ADDRESS **700 S. ROYAL POINCIANA BLVD., #400**
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **V** ☐ Delete
NAME **VALLEDOR, DEBROAH**
STREET ADDRESS **100 ALMERIA AVE #230**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☒ 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: *[Signature]*

SIGNATURE REQUIRED

4-24-03

305-468-7000

CR2E037 (10/02)