

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90138 014 ****61.25

DOCUMENT # N94000002871

1. Entity Name
GLSEN/MIAMI, INC.



Principal Place of Business
3229 GIFFORD LANE
MIAMI, FL 33133

Mailing Address
P.O. BOX 347321
CORAL GABLES, FL 33234-7321



04272004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0476504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUPO, ROBERT
3229 GIFFORD LANE
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOUPO, ROBERT
STREET ADDRESS	3229 GIFFORD LANE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	TD
NAME	PRESLEY, BRUCE
STREET ADDRESS	2609 NE 8 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	HENRIQUEZ, LUIS
STREET ADDRESS	4190 PAMONA
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	KAPLAN, BETSY
STREET ADDRESS	6790 SW 122 DRIVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	BREMER, JOHN
STREET ADDRESS	1219 PENNSYLVANIA AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	BLANCO, ROGER
STREET ADDRESS	801 MERIDIAN AVE #3-C
CITY-ST-ZIP	MIAMI BCH, FL 33139

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRUCE PRESLEY 04.25.04

305/285-6568