

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90039 028 ****61.25

DOCUMENT # N94000005105

1. Entity Name

CITY OF MIAMI RETIRED EMPLOYEES ASSOCIATION, INC

Principal Place of Business

**4349 NORTHWEST 36 STREET, SUITE 104
 MIAMI FL 33166**

Mailing Address

**4349 NORTHWEST 36 STREET, SUITE 104
 MIAMI FL 33166-7302**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0542781

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, LEWIS
 4349 NW 36TH STREET, #104
 MIAMI FL 33166**

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

Lewis Johnson
 Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/00

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, LEWIS	
STREET ADDRESS	4349 NORTHWEST 36 STREET, SUITE 104	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	DEITCH, EVELYN	
STREET ADDRESS	9727 HAMMOCKS BLVD. #203	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BASS, BERENICE B	
STREET ADDRESS	10905 SW 112TH AVE APT 306	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MYSKIW, HELEN	
STREET ADDRESS	15030 SW 43 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHEN, KLEIN	
STREET ADDRESS	1530 SW 1ST AVE., #4-C	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SARSICH, LOUIS	
STREET ADDRESS	270 NW 51ST AVE	
CITY-ST-ZIP	MIAMI FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EM DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMEKE, NORMA	
STREET ADDRESS	11225 SW 93 ST.	
CITY-ST-ZIP	MIAMI, FL 33176-1159	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEMPLE, LOUIS	
STREET ADDRESS	P.O. BOX 530091	
CITY-ST-ZIP	MIAMI SHORES FL 33153	
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:

Lewis Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00 305-271-5118

CR2E037 (9/99)