

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0542781	Applied For <input type="checkbox"/> Not Applicable
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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* 2/23/00
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	
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: *[Signature]* 2/23/00 305-271-5118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)