

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90006 015 \*\*\*\*61.25



**DOCUMENT # N94000005105**

1. Entity Name

**CITY OF MIAMI RETIRED EMPLOYEES ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0542781**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SARSICH**  
**SARCICH, LOUIS**  
**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. 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**  
**Due By May 1, 2004**

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

TITLE NAME	D	<input checked="" type="checkbox"/> Delete
HARDEN, IRENE		
STREET ADDRESS	113 CORYDON DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE NAME	D	<input type="checkbox"/> Delete
TEMPLE, LOUIS		
STREET ADDRESS	PO BOX 530071	
CITY-ST-ZIP	MIAMI SHORES FL 33153	
TITLE NAME	TD	<input type="checkbox"/> Delete
BASS, BERENICE B		
STREET ADDRESS	5701 SW 82 <sup>ND</sup> AVE, 21313	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE NAME	S	<input type="checkbox"/> Delete
MYSKIW, HELEN		
STREET ADDRESS	15030 SW 43 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D	<input type="checkbox"/> Delete
ARCUDIN, JOSIE		
STREET ADDRESS	545 W PARK DR	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE NAME	P	<input type="checkbox"/> Delete
SARSICH, LOUIS		
STREET ADDRESS	270 NW 51ST AVE	
CITY-ST-ZIP	MIAMI FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LEWIS JOHNSON		
STREET ADDRESS	421 MILAN AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ANGEL DE PEDRO		
STREET ADDRESS	4750 NW 6 ST	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHOU, TONI		
STREET ADDRESS	P.O. Box 15342	
CITY-ST-ZIP	MIAMI, FL 33101-5342	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Louis Sarsich* **LOUIS SARSICH**

**2/4/04** **305-863-8623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #