

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90355 006 ****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**



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 **65-0542781**

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

~~SARSICH~~
~~SARCICH, LOUIS~~
**4349 NW 36TH STREET, #104
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	D	<input type="checkbox"/> Delete
NAME	HARDEN, IRENE	
STREET ADDRESS	113 CORYDON DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEMPLE, LOUIS	
STREET ADDRESS	PO BOX 530071	
CITY-ST-ZIP	MIAMI SHORES FL 33153	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BASS, BERENICE B	
STREET ADDRESS	10965 SW 112TH AVE APT 306	<i>5701 SW. 92ND AVE. #313, DAVIE, FL 33328</i>
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 type="checkbox"/> Delete
NAME	ARCUDIN, JOSIE	
STREET ADDRESS	545 W PARK DR	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> Delete
NAME	SARSICH, LOUIS	
STREET ADDRESS	270 NW 51ST AVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS JOHNSON	
STREET ADDRESS	921 MILAN AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	ANGEL DE PEDRO DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4950 NW 6 ST.	
STREET ADDRESS	MIAMI, FL 33126	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)