

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003121

1. Entity Name

ABIG-SLC PARENT-TEACHER ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90146 044 ****61.25

Principal Place of Business

Mailing Address

11195 SW 196TH STREET
MIAMI FL 33157
US

11195 S.W. 196 ST.
MIAMI FL 33157-8305
US

627057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0594154

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

LYN, WENDY
14650 SW 141ST PLACE
MIAMI FL 33186

Name *Marganne Gardipee*

Street Address (P.O. Box Number is Not Acceptable)
18751 SW 194 Ave

City *Miami*

FL

Zip Code *33187*

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 *Marganne Gardipee*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LYN, WENDY	
STREET ADDRESS	14650 SW 141ST PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHARP, BETSY	
STREET ADDRESS	11925 S.W. 89TH AVE.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, ELAINE	
STREET ADDRESS	7815 SW 140TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, VICKI	
STREET ADDRESS	14450 SW 289TH STREET	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marganne Gardipee	
STREET ADDRESS	18751 SW 194 Ave	
CITY-ST-ZIP	Miami FL 33187	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Elaine	
STREET ADDRESS	7815 SW 140th Ave	
CITY-ST-ZIP	Miami FL 33183	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Vicki	
STREET ADDRESS	14450 SW 289 ST	
CITY-ST-ZIP	Leisure City FL 33033	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laure May	
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: *Marganne Gardipee* *Marganne Gardipee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

(352) 253-2244 x 4101

Daytime Phone #

CR2E037 (9/99)