

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90088 026 \*\*\*\*61.25

**DOCUMENT # N96000000526**

1. Entity Name

**CAROL CITY NORTH DADE CHAPTER #5132 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

1711 NW 171 TERRACE  
 OPA LOCKA FL 33056-4952

18830 NW 44 AVENUE  
 MIAMI FL 33055

*MD #038 22539264*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1947981**

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

**THOMAS, PATRICIA S.**  
 1711 NW 171 TERRACE  
 OPA LOCKA FL 33056-4952

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

*Patricia S. Thomas - Patricia S. Thomas President*

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:  Delete  
 NAME: **L THOMAS, CHARLES W**  
 STREET ADDRESS: **18839 NW 44 AVE**  
 CITY-ST-ZIP: **MIAMI FL 33055**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **PD THOMAS, PATRICIA S**  
 STREET ADDRESS: **1711 NW 171 TERRACE**  
 CITY-ST-ZIP: **OPA LOCKA FL 33056-4952**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **FS THOMAS, HARRIET**  
 STREET ADDRESS: **18830 NW 44 AVE**  
 CITY-ST-ZIP: **MIAMI FL 33055**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **TT MCFORD, IRVIN E**  
 STREET ADDRESS: **17831 NW 47 AVENUE**  
 CITY-ST-ZIP: **MIAMI FL 33055**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **VP MILLER, DELORIS**  
 STREET ADDRESS: **18920 NW 22 PLACE**  
 CITY-ST-ZIP: **OPA LOCKA FL 33056-4952**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **ST BENJAMIN, PEARL**  
 STREET ADDRESS: **16235 NW 22 COURT**  
 CITY-ST-ZIP: **OPA LOCKA FL 33054**

TITLE:  Change  Addition  
 NAME: **ST PEARL WAUGH**  
 STREET ADDRESS: **1414 N.W. 175 STREET**  
 CITY-ST-ZIP: **Miami, FL 33169**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Patricia S. Thomas* **PATRICIA S. THOMAS**

**3-2-02 (305) 625-7765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)