## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 24, 2000 8:00 am Secretary of State DOCUMENT # N9600002445 05-24-2000 90069 046 \*\*\*\*61 25 THE SOUTHWEST MIAMI SENIOR HIGH SCHOOL ALUMNI AS Principal Place of Business Mailing Address 8855 S.W. 50TH TERRACE 9360 SUNSET DR MIAMI FL 33165 #287 MIAMI FL 33173-3283 2. Principal Place of Business 3. Mailing Address Po Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Mism 65-0664500 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired П Fee Required <u>33243</u>-229 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Clebro Street Address (P.O. Box Number is Not Acceptable) **BROWN, ESTEBAN** 9360 SUNSET DRIVE #287 Zip Code 33155 **MIAMI FL 33173** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition ☐ Delete TITLE TITLE SWINDLE, CECIL NAME NAME STREET ADDRESS STREET ADDRESS 7905 SW 86TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 Change ☐ Addition TITLE ☐ Delete TITLE MCCOY, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 4905 SW 111TH AVE CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33165** Change Addition Delete TITLE Treasurer ESTEBAN. BROWN RIO, TOMAS NAME NAME STREET ADDRESS 9360 SUNSET DR #287 STREET ADDRESS P.O. BOX 650639 N/A CITY-ST-7IF CITY-ST-ZIP MIAMI FL 33165 ☐ Addition TITLE Change ☐ Delete TITLE NAME SAVANELLO, CAROL NAME STREET ADDRESS STREET ADDRESS 8731 SW 43RD TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Change ☐ Addition ☐ Delete TITLE NAME EIRIZ. JOSE V NAME STREET ADDRESS STREET ADDRESS 3958 ESTEPONA AVE CITY-ST-709 CITY-ST-ZIP MIAMI FL 33178 Addition Change TITLE ☐ Delete TITLE NAME SIEGEL, MARK NAME STREET ADDRESS STREET ADDRESS 17104 SW 79TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 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

**FILED** 

305-706-1345