2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
02-20-2002 90077 046 ****61.25

DOCUMENT # N96000002445

Entity Name

THE SOUTHWEST MIAMI SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
55 S.W. 50TH TERRACE MIAMI FL 33165	9360 SUNSET DR #287 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0664500 ☐ Applied For ☐ Not Applicable

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
BROWN, ESTEBAN 9360 SUNSET DRIVE #287 MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: ESTEBAN BROWN DATE

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEZANO, NOEL 5990 SW 50 ST MIAMI FL 33155	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN HYDE 3820 SW 79 AVE #97 MIAMI FL 33155	☐ Change ☑ Addition (DIRECTOR)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD EIRIZ, JOSE V 3658 ESTE PONIA AVE MIAMI FL 33178	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VALERIE OSBORNE 8855 SW 30 TH TERR MIAMI FL 33165	☐ Change ☑ Addition (DIRECTOR)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER (DIRECTOR) BROWN, ESTEBAN 9461 SW 25 DR MIAMI FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E033 (1/01)

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: ESTEBAN BROWN DIRECTOR 2/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #