

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005936

1. Entity Name

PERRINE ELEMENTARY P.T.A., INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90167 030 ****61.25

91692



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8851 SW168TH STREET
MIAMI FL 33157

8851 S.W. 168TH ST
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0775866

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

MOODLEY, MINTHRA
11010 SW 161 TERR
MIAMI FL 33157

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

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 VPD ☐ Delete
NAME EZELL, RENEE
STREET ADDRESS 17351 SW 87 CT
CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME HAPPLE, KATHEEN
STREET ADDRESS 8805 SW 178 TERR
CITY-ST-ZIP MIAMI FL 33157

TITLE PD ☐ Change ☒ Addition
NAME WINTER ORNER
STREET ADDRESS 9170 STIRLING DRIVE
CITY-ST-ZIP MIAMI FL 33157

TITLE VPD ☐ Delete
NAME KEINE, STEPHANIE
STREET ADDRESS 19800 SW 87 CT
CITY-ST-ZIP MIAMI FL 33157

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

TITLE VPD ☐ Delete
NAME AUSTIN, ROBIN
STREET ADDRESS 8865 SW 183 TERR
CITY-ST-ZIP MIAMI FL 33157

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

TITLE TD ☐ Delete
NAME MOODLEY, MINTHRA
STREET ADDRESS 11010 SW 183 TERR
CITY-ST-ZIP MIAMI FL 33157

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

TITLE SD ☒ Delete
NAME WILSON, AMY
STREET ADDRESS 9235 SW 181 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE VPD ☐ Change ☒ Addition
NAME TRACIA SONODIO
STREET ADDRESS 15810 S.W. 99 CT
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 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 (10/00)