

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90002 040 ****61.25

DOCUMENT # N97000005622

1. Entity Name

ASSOCIATION OF HIALEAH RETIRED MUNICIPAL EMPLOYE

Principal Place of Business

1325 E. 10TH AVE.
HIALEAH FL 33010

*Change → 4225 SW 151 TR
MIRAMAR, FLA 33027*

Mailing Address

17311 SW 7 STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business

4225 SW 151 TR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FLA

City & State

SAME

Zip

33027

Country

USA

Zip

Country

4. FEJ Number

NOT APPLICABLE
FIN# 65-1077763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLAUSNER, ROBERT D
10059 N.W. 1ST COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

SAME

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

TITLE **DP** ☐ Delete
NAME **CHAMBERLAIN, THOMAS R**
STREET ADDRESS **1325 E. 10TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33010**
ADDRESS CHANGE ONLY

TITLE **VPD** ☐ Delete
NAME **JORDAN, RALEIGH N**
STREET ADDRESS **11903 SW 12 CT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33325**

TITLE **DS** ☐ Delete
NAME **HAMEETMAN, GEORGE**
STREET ADDRESS **17311 SW 7 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **DT** ☐ Delete
NAME **CICHEWICZ, JAMES**
STREET ADDRESS **9401 SW 8 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**
ADDRESS CHANGE ONLY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Chamberlain, Thomas R**
STREET ADDRESS **4225 SW 151 TR**
CITY-ST-ZIP **MIRAMAR, FLA 33027**

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

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

TITLE **DT** ☒ Change ☐ Addition
NAME **CICHEWICZ, James**
STREET ADDRESS **9401 SW 8 ST**
CITY-ST-ZIP **PEMBROKE PINES, FLA 33025**

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

TITLE ☐ Change ☐ 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 no 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; 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: *George Hameetman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)