2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
03-24-2002 90090 042 ****61.25

DOCUMENT # N97000005622

1. Entity Name

ASSOCIATION OF HIALEAH RETIRED MUNICIPAL EMPLOYE ES, INCORPORATED

Principal Place of Business	Mailing Address
4225 SW 151 TR. HOLLYWOOD FL 33027 US	17311 SW 7 STREET PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4225 SW 151 Tr	P.O. Box 297622
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FLA	City & State: Pembroke Pines, FLA
Zip: 33027 Country: USA	Zip: 33029 Country: USA

4. FEI Number: 65-1072763 ☐ 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
KLAUSNER, ROBERT D 10059 N.W. 1ST COURT PLANTATION FL 33324	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 _____ 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	DP CHAMBERLAIN, THOMAS R 4225 SW 151 TR MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JORDAN, RALEIGH N 11903 SW 12 CT FT. LAUDERDALE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAMEETMAN, GEORGE 17311 SW 7 ST PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CICHEWICZ, JAMES 9401 SW 8 ST PEMBROKE PINES FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Cichewicz, James 17108 90 ST. North Loxahatchee, FLA 33470
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

CR2E037 (9/01)

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: X Tom Chamberlain Tom Chamberlain Pres. 3-3-02 954 438 3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #