

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003724

1. Entity Name

MIAMI-DADE S.E.C.M.E. ALLIANCE, INC.

Principal Place of Business

Mailing Address

C/O CONSTANCE THORNTON
1500 BISCAYNE BLVD. 327 S
MIAMI FL 33132

C/O CONSTANCE THORNTON
1500 BISCAYNE BLVD. 327 S
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861579

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

THORNTON, CONSTANCE
1500 BISCAYNE BLVD, 327 S
MIAMI FL 33132

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 D
NAME FIELDS, RON
STREET ADDRESS 8204 SW 83RD COURT
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

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

TITLE D
NAME ROEDERER, JOANNE
STREET ADDRESS 3044 SHIPPING AVE
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

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

TITLE D
NAME GOMEZ, NEMESIO
STREET ADDRESS 2828 CORAL WAY
CITY-ST-ZIP MIAMI FL 33129 ☐ Delete

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

TITLE S
NAME TRAVIESO, ELIZABETH
STREET ADDRESS 5842 S.W. 120 AVENUE
CITY-ST-ZIP COOPER CITY FL 33330 ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 305 995 7371
Date Daytime Phone #

CR2E037 (9/01)

0072789

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91262 008 ****70.00



DO NOT WRITE IN THIS SPACE