

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003990

1. Entity Name

RICHMOND HEIGHTS MIDDLE SCHOOL SCIENCE/ZOO MAGNE

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90035 010 ****61.25

Principal Place of Business

15015 SW 103 AVE
MIAMI FL 33176
US

Mailing Address

19800 SW 180 AVE
#464
MIAMI FL 33187-2618
US

2. Principal Place of Business

3. Mailing Address

14013 SW 90 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-107

City & State

MIAMI, FL

Zip

Country

Zip

33176

Country

US

4. FEI Number

59-3585781

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

TRYBALA, SCARLETT
19800 SW 180 AVE
#464
MIAMI FL 33187

Name - DONNA-MCGINNIS

Street Address (P.O. Box Number is Not Acceptable)
14013 SW 90th AVE, #D-107

City

MIAMI

FL

Zip Code

33176

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

Donna L. McGinnis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/27/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCGINNIS, DONNA 14013 SW 90 AVE #107 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRYBALA, SCARLET 19800 SW 180TH AVE., #464 MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD RIISE, TORBEN 10912 SW 134 PL MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD LOPEZ, LISBETH 21006 SW 118 AVE MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FANCHER, ROSEMARY 13605 SW 109TH TR. MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MIRIAM SZWARCSZTEJN 13753-1 SW 149th Cr. Lane MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VICE-PRESIDENT LISBETH LOPEZ 21006 SW 118th AVE. MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SANDRA ROMAN 15121 SW 128th AVE. MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JULIAN C SIMERLY 15981 SW 138th TERRACE MIAMI, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna L. McGinnis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/00

Date

305-247-1801 x116

Daytime Phone #

CR2E037 (9/99)