

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**  
 01-23-2001 90120 042 \*\*\*\*61.25

3781

**DOCUMENT # N98000003990**

1. Entity Name

**RICHMOND HEIGHTS MIDDLE SCHOOL SCIENCE/ZOO MAGNE**

Principal Place of Business

**15015 SW 103 AVE  
 MIAMI FL 33176  
 US**

Mailing Address

**14013 SW 90 AVE  
 #D-107  
 MIAMI FL 33176  
 US**

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

**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

**MCGINNIS, DONNA  
 14013 SW 90TH AVE  
 #D-107  
 MIAMI FL 33176**

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 **PD** ☐ Delete  
 NAME **MCGINNIS, DONNA**  
 STREET ADDRESS **14013 SW 90 AVE #107**  
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **VP** ☒ Delete  
 NAME **SZWARCSTEJN, MIRIAM**  
 STREET ADDRESS **13753-1 SW 149TH CR LANE**  
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **2VPD** ☐ Delete  
 NAME **LOPEZ, LISBETH**  
 STREET ADDRESS **21006 SW 118TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **S** ☐ Delete  
 NAME **ROMAN, SANDRA**  
 STREET ADDRESS **15121 SW 128TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **T** ☒ Delete  
 NAME **SIMERLY, JULIAN C**  
 STREET ADDRESS **15981 SW 138TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ Change ☐ Addition  
 NAME **T LOVE MAMIE**  
 STREET ADDRESS **11005 SW 159TH TERRACE**  
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Delete  
 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 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 McGinnis* **REQUIRED DONNA MCGINNIS** 1/11/01 305-247-1801 EXT. 354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)