

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-12-2001 90111 023 ****61.25

DOCUMENT # N00000000785

1. Entity Name

FLORIDA ASSOCIATION OF MEETING AND EVENT PROFESS

VA
 0260

Principal Place of Business

Mailing Address

P.O. BOX 460662
 FT. LAUDERDALE FL 33346

P.O. BOX 460662
 FT. LAUDERDALE FL 33346

10469



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-1003531

Not Applicable

Zip

Country

Zip

Country

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

HEARNS, JOAN
 6880 NW 40TH ST.
 MIAMI SPRINGS FL 33166

Name: JUDY ROSENTHAL
 Street Address (P.O. Box Number is Not Acceptable): 600 N.E. 36 STREET #1704
 City: MIAMI, FL Zip Code: 33137

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: Judy Rosenthal JUDY ROSENTHAL July 7/01
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
After September 12, 2001, min. will be \$236.25

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 | CO-CHAIR & PUBLIC RELATIONS <input type="checkbox"/> Delete |
| NAME | JUDY ROSENTHAL |
| STREET ADDRESS | 600 NE 36 ST #1704 |
| CITY-ST-ZIP | MIAMI, FL 33137 <input checked="" type="checkbox"/> |
| TITLE | CO-CHAIR & EDUCATION <input type="checkbox"/> Delete |
| NAME | AUDREY BROWN |
| STREET ADDRESS | 3301 NE 5 AVE #107 |
| CITY-ST-ZIP | MIAMI, FL 33137 <input checked="" type="checkbox"/> |
| TITLE | NEWSLETTER EDITOR <input type="checkbox"/> Delete |
| NAME | BEVERLY CITRON |
| STREET ADDRESS | 1833 MADISON ST |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> |
| TITLE | MEMBERSHIP <input type="checkbox"/> Delete |
| NAME | MARIE COLONGO |
| STREET ADDRESS | 7290 JACARANDA LANE |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> |
| TITLE | TREASURER <input type="checkbox"/> Delete |
| NAME | SOFIA REAL D'HERCKERS |
| STREET ADDRESS | 1800 SE 25 AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> |
| TITLE | SECRETARY CORRESPONDING <input type="checkbox"/> Delete |
| NAME | SNEILA KELLY |
| STREET ADDRESS | 3146 PRAIRIE AVE |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | SPONSORSHIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAREN DALEY |
| STREET ADDRESS | V3950 NW 90 AVE |
| CITY-ST-ZIP | SUNRISE, FL 33351 <input checked="" type="checkbox"/> |
| TITLE | SECRETARY RECORDING <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALENE KUBINEK |
| STREET ADDRESS | 10854 SW 88ST #209 |
| CITY-ST-ZIP | MIAMI, FL 33176 <input checked="" type="checkbox"/> |
| TITLE | HISTORIAN <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLISH MILLER |
| STREET ADDRESS | 7001 SW 8 CT |
| CITY-ST-ZIP | PLANTATION, FL 33317 <input checked="" type="checkbox"/> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JORNIE MADURI |
| STREET ADDRESS | PALM BEACH REP. ↑ |
| CITY-ST-ZIP | 321 OLD MEADOW WAY PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: SOFIA REAL D'HERCKERS SOFIA REAL D'HERCKERS 7/5/01 764-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)