

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90233 013 \*\*\*\*61.25

**DOCUMENT # N00000000785**

1. Entity Name

**FLORIDA ASSOCIATION OF MEETING AND EVENT PROFESSIONALS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 460662  
 FT. LAUDERDALE FL 33346

P.O. BOX 460662  
 FT. LAUDERDALE FL 33346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1003531**

Applied For

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

**ROSENTHAL, JUDY**  
**600 NE 36 STREET**  
**# 1704**  
**MIAMI FL 33137**

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	<b>CPRD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENTHAL, JUDY</b>	
STREET ADDRESS	<b>600 NE 36 ST # 1704</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>CCED</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, AUDREY</b>	
STREET ADDRESS	<b>3301 NE 5 AVENUE # 107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>NED</b>	<input type="checkbox"/> Delete
NAME	<b>CITRON, BEVERLY</b>	
STREET ADDRESS	<b>1833 MADISON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>COLONGO, MARIE</b>	
STREET ADDRESS	<b>7290 JACARANDA LANE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>D'HERCKERS, SOFIA REAL</b>	
STREET ADDRESS	<b>1800 SE 25 AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>SCD</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, SHEILA</b>	
STREET ADDRESS	<b>2146 PRAIRIE AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

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		
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		
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 D'Herckers*

Sofia D'Herckers

04-22-02

(954) 764-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)