

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90082 017 \*\*\*\*\*61.25

**DOCUMENT # 716330**

1. Entity Name

**MIAMI SPORTFISHING CLUB, INC.**

Principal Place of Business

Mailing Address

1711 W. 38TH PLACE  
 UNIT #1104  
 HIALEAH FL 33012-7033

1711 W. 38TH PLACE  
 UNIT #1104  
 HIALEAH FL 33012-7033

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

**23-7287415**

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

**HYDE, GEORGE**  
**1015 E. HIALEAH DRIVE**  
**HIALEAH FL 33010**

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 **SD** ☒ Delete  
 NAME **CAMUS, MICHAEL**  
 STREET ADDRESS **7850 NW 146TH ST, STE 423**  
 CITY-ST-ZIP **MIAMI FL 33016**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **ERIC CASTILLO**  
 STREET ADDRESS **8330 NW 166TH**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **TD** ☐ Delete  
 NAME **VAN CUREN, KENNETH**  
 STREET ADDRESS **7720 NW 36 STREET**  
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **VAN CUREN, KENNETH**  
 STREET ADDRESS **7720 NW 36 ST**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE **PD** ☒ Delete  
 NAME **PESI, DAVID**  
 STREET ADDRESS **8040 SW 15 ST**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **ATKINSON, GARY T.D.**  
 STREET ADDRESS **98 W 7 ST #8**  
 CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE **VD** ☐ Delete  
 NAME **CASTILLO, ERIC**  
 STREET ADDRESS **8330 NW 166 TR**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **SANTANA, MARIB**  
 STREET ADDRESS **18334 SW 4CT**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY ATKINSON**

**3-11-02**

**305-681-3430**

Date

Daytime Phone #

CR2E037 (9/01)