

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90001 037 \*\*\*\*61.25

**DOCUMENT # 725306**

1. Entity Name

**MIAMI BEACH POWER SQUADRON, INC.**

Principal Place of Business

Mailing Address

**500 THREE ISLAND BLVD SUITE 527  
 HALLANDALE FL 33009**

**500 THREE ISLAND BLVD SUITE 527  
 HALLANDALE FL 33009**

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

**59-6166714**

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

**SPIEWAK, PAUL  
 500 THREE ISLAND BLVD  
 HALLANDALE FL 33009**

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  Delete  
 NAME **TD COMESANAS, RAUL**  
 STREET ADDRESS **11322 NW 59TH TERR**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE  Change  Addition  
 NAME **LUIS D MASEDA**  
 STREET ADDRESS **5601 COLLINS AVE #1401**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE  Delete  
 NAME **SD HAUSMAN, SONIA**  
 STREET ADDRESS **1719 NE 142 STREET**  
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE  Change  Addition  
 NAME **CD ISMAEL PERERA**  
 STREET ADDRESS **781 CRANDON BLVD #1801**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE  Delete  
 NAME **PD STEINBERG, LEONARD**  
 STREET ADDRESS **600 PARKVIEW DRIVE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD HAUSMAN, BOWJAMIN**  
 STREET ADDRESS **1719 NE 142 STREET**  
 CITY-ST-ZIP **MIAMI FL 33181**

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

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

Date

Daytime Phone #

1/31/02

954-922-0004

CR2E037 (9/01)