

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 13 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754969

1. Entity Name

SECURITY TRADERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

% JEANMARIE FRON
5991 AQUAMARINE WAY
BOYNTON BEACH FL 33437
US% JEANMARIE FRON
5991 AQUAMARINE WAY
BOYNTON BEACH FL 33437
US

2. Principal Place of Business

3. Mailing Address

to GUZMAN & COMPANY

1200 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1100

City & State

City & State

MIAMI FL 33131

Zip

Country

Zip

Country

4. FEI Number

59-2121451

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORADO, COLETTA
850 COQUINA WY
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name JOHN V. KELLY

Street Address (P.O. Box Number is Not Acceptable)

225 NE MIZNER BLVD STE 400

City

BOCA RATON FL

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORADO, COLETTA 850 COQUINA WY BOCA RATON FL 33432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, JOHN 2101 CORPORATE BLVD BOCA RATON FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRON, JEANMARIE 5991 AQUAMARINE WY BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTRIANNI, GERALD 250 PARK AVE S SUITE 200 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROCTOR, FRANCES 8741 PINE BARRENS DRIVE ORLANDO FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 225 NE MIZNER BLVD STE 400 BOCA RATON FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) JEANMARIE B. EQUITON 1200 BRICKELL AVE #1400 MIAMI FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP (D) 330 W LAKE MARY STE 350 LAKE MARY FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SD) 225 E ROBINSON ST STE 285 ORLANDO, FL 32801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) JAY SKOLNICK 2419 E. COMMERCIAL BLVD FT. LAUDERDALE, FL 33308	☐ Change ☒ Addition

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 #

CR2E037 (4/02)

25 5/13/02