

FILED Jun 30, 2003 8:00 am Secretary of State

05-05-2003 90189 043 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000008700 (L) ✓

1. Entity Name
WINGS OVER MIAM MUSEUM, INC.

Principal Place of Business: 14710 SW 128TH ST MIAMI FL 33186
Mailing Address: 14710 SW 128TH ST MIAMI FL 33186

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip Country Zip Country

4. FEI Number **01-0624232** Applied For Not Applicable

5. Certificate of Status Declared \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent: **POLOCHA, L M 1948 TYLER ST HOLLYWOOD FL 33020-4517**

7. Name and Address of New Registered Agent

8. This 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] DATE: **April 29, 2003**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PO	NAME: RICHARD THOMAS	TITLE: Secretary	NAME: SHIRLEY ANNOS RICHARDT
STREET ADDRESS: 13724 SW 62ND CT	CITY-ST-ZIP: MIAMI FL 33176	STREET ADDRESS: P.O. Box 330927	CITY-ST-ZIP: COVINGTON GEORGIA, FL 33133
TITLE: 5th President	NAME: ORTH, WALTER H JR	TITLE:	NAME:
STREET ADDRESS: 321 LOS PINOS PLACE	CITY-ST-ZIP: CORAL GABLES FL 33143-6428	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: 0	NAME: WEEKS, KERRY	TITLE:	NAME:
STREET ADDRESS: 1400 BROADWAY BLVD, SE	CITY-ST-ZIP: POLK CITY FL 33888	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: VP ULES	NAME: TIRADO, VINCENT	TITLE:	NAME:
STREET ADDRESS: 14710 SW 128TH ST	CITY-ST-ZIP: MIAMI FL 33186	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: SECRETARY	NAME: POLOCHA, L M	TITLE:	NAME:
STREET ADDRESS: 1948 TYLER STREET	CITY-ST-ZIP: HOLLYWOOD FL 33020	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: DIRECTOR	NAME: CRISTOL, A JAY	TITLE:	NAME:
STREET ADDRESS: 51 S.W. 1ST AVE CHAMBERS 1412	CITY-ST-ZIP: MIAMI FL 33130	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)(f), 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 attachments.

SIGNATURE: [Signature] DATE: **April 29, 2003 3:56 PM EST**

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CHECK HERE IF MAKING CHANGES

CR25007 (10/02)

closed with 6/19/2003