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

May 05, 2003 8:00 am Secretary of State DOCUMENT # N04198 05-05-2003 91807 018 ****61.25 MIAMI POWER SQUADRON, INC. Principal Place of Business Mailing Address P O BOX 016705 P O BOX 016705 MIAMI FL 33101 MIAMI FL 33101 2. Principal Place of Business 3. Mailing Address POBOX PU 100 x 174 f Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-6163958 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. HERSCOVITZ, STEVEN Street Address (P.O. Box Number is Not Acceptable) 3070 VIRGINIA AVENUE MAMI FL 33133 City 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. 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Addition 2400, STEPHEN) 5822 SW 101 ST NAME NAME SZYDLO, STEPHEN STREET ADDRESS STREET ADDRESS 6969-W:-2ND-LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL-☐ Delete Addition ٧D NAME GONZALEZ, FRANCISCO NAME STREET ADDRESS STREET ADDRESS 16525 SW 95 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE TD ☐ Delete TITLE ☐ Change Addition NAME NAME HERSCOVITZ, STEVEN STREET ADDRESS STREET ADDRESS 3070 VIRGINIA AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL: Addition TITLE ☐ Delete ☐ Change PD NAME NAME ERNESTO, SARIOL STREET ADDRESS STREET ADDRESS 11850 SW 25TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tustee 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 address, with all other like empowered.

SIGNATURE:

RSOVITZ

FILED