

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90049 042 ****61.25

DOCUMENT # N94000005282

1. Entity Name

INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 45,

Principal Place of Business

Mailing Address

8961 SW 150TH CT CIR W
 MIAMI FL 33196
 US

8961 SW 150TH CT CIR W
 MIAMI FL 33196-1337
 US

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

65-0537325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELVECCHIO, RICHARD A.
8961 SW 150TH CT CIR W
MIAMI FL 33196

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

N/A

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	D	<input type="checkbox"/> Delete
NAME	DELVECCHIO, RICHARD	
STREET ADDRESS	8961 SW 150TH CT CIR W	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	METIVIER, TIMM	
STREET ADDRESS	432 SW 145 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KURLANSIK, STEVE DR	
STREET ADDRESS	13560 SW 110 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERSON, BETTY	
STREET ADDRESS	8941 SW 150 CT CIR E	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNAGER, DONALD	
STREET ADDRESS	229 SW 11 ST.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Vecchio Richard	
STREET ADDRESS	8961 SW 150 W. CT. CIR.	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woussener, Arnold	
STREET ADDRESS	21205 YACHT CLUB DR #1102	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE NASSER	
STREET ADDRESS	10531 SW 122 CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delegated Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNAGER, DONALD	
STREET ADDRESS	229 SW 11 ST	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard DelVecchio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard DelVecchio
 Date: **4/24/00**
 Daytime Phone #: **305 470 8005**

CR2E037 (9/99)