

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

0095459

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03-15-2001 90023 038 ****61.25

1. Entity Name

INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 45,

Principal Place of Business

8961 SW 150TH CT CIR W
 MIAMI FL 33196
 US

Mailing Address

8961 SW 150TH CT CIR W
 MIAMI FL 33196
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0537325

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, THMM	
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 checked="" 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 / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R DelVecchio, RICHARD	
STREET ADDRESS	8961 SW 150 W. Ct. Cir.	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	Vice Pres. / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPT. ARNOLD WONSEVER	
STREET ADDRESS	2120S YACHT CLUB DR # 110Z	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	SECRETARY / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE NASSER	
STREET ADDRESS	10531 NW 122 CT	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SGT. AT ARMS / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMMY CHIPPUT	
STREET ADDRESS	16823 SW 79 PLACE	
CITY-ST-ZIP	Miami, FL 33157	
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 DATE: 3/13/01 (305) 470 8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)