

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005319

1. Entity Name

MIAMI AREA SOCIETY OF HOMEBREWERS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90106 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6250 SW 16 TR  
MIAMI FL 3315  
US

6250 SW 16 TR  
MIAMI FL 33155  
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

65-0719341

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

RUBIN, NANCY  
2345 SW 28 STREET  
MIAMI FL 33133

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

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 ☒ Delete  
NAME FISCHER, ROBERT  
STREET ADDRESS 8530 SW 43 ST  
CITY-ST-ZIP MIAMI FL 3315

TITLE ☐ Change ☒ Addition  
NAME SCOTT ROSS  
STREET ADDRESS 17930 S.W. 228 ST.  
CITY-ST-ZIP GOULDS, FL 33170

TITLE D ☐ Delete  
NAME BEARD, ROBERT  
STREET ADDRESS 6250 SW 16 TR  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SWENSON, MARK  
STREET ADDRESS 260 SUNRISE DR #1  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BERRYMAN, JOE  
STREET ADDRESS 800 NO MIAMI AVE  
CITY-ST-ZIP MIAMI FL 3313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GRAHAM, SCOTT  
STREET ADDRESS 3521 SW 125 CT  
CITY-ST-ZIP MIAMI FL 33175-2937

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE *Robert D. Beard*

01/27/2000 305361-4107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #