

DOCUMENT # N97000000662

1. Entity Name

SOUTH FLORIDA SILVER BLADES FIGURE SKATING CLUB,

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90013 011 \*\*\*\*61.25

Principal Place of Business		Mailing Address	
14770 BISCAYNE BLVD. N. MIAMI BEACH FL 33181		4476 ANW 128TH ST MIAMI FL 33054 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>65-0747161</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MEYERS, LAURIE 4476 N.W. 128TH STREET MIAMI E FL 33054				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYERS, LAURIE			NAME			
STREET ADDRESS	2114 FISHER ISLAND DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33181			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMERO, MARTA			NAME	Fernando Martinez		
STREET ADDRESS	11595 NE 21ST DR			STREET ADDRESS	4811 SW 196 Lane		
CITY-ST-ZIP	NORTH MIAMI FL 33181			CITY-ST-ZIP	ft Lauderdale fl. 33332		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEAR, ELLEN			NAME	Sacquette Kreebitz		
STREET ADDRESS	930 NE 140 ST			STREET ADDRESS	20221 N.E 25th Ave		
CITY-ST-ZIP	N MIAMI FL 33181			CITY-ST-ZIP	Miami fl 33180		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCUS, GLADYS			NAME			
STREET ADDRESS	15712 FISHER ISLAND DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33109			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Michelle Brander		
STREET ADDRESS				STREET ADDRESS	14001 SW 74th Ter		
CITY-ST-ZIP				CITY-ST-ZIP	Miami fl. 33183		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: Laurre Meyers 4/13/00 305-685-8976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)