

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-06-2001 90346 039 *****61.25

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1. Entity Name

SOUTH FLORIDA SILVER BLADES FIGURE SKATING CLUB.

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0747161**

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

MEYERS, LAURIE
4476 N.W. 128TH STREET
MIAMI E FL 33054

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

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 checked="" type="checkbox"/> Delete
NAME	MEYERS, LAURIE	
STREET ADDRESS	2114 FISHER ISLAND DR.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAMERO, MARTA	
STREET ADDRESS	11595 NE 21ST DR	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLEAR, ELLEN	
STREET ADDRESS	930 NE 140 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, GLADYS	
STREET ADDRESS	15712 FISHER ISLAND DR.	
CITY-ST-ZIP	MIAMI FL 33109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando Martinez	
STREET ADDRESS	4811 SW 196th St.	
CITY-ST-ZIP	Cost Lauderdale FL 33332	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cleese Bair	
STREET ADDRESS	8553 NW 164 St.	
CITY-ST-ZIP	Miami Lakes FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Meyers	
STREET ADDRESS	2114 Fisher Is. Dr	
CITY-ST-ZIP	Fisher Is. FL 33109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURIE MEYERS 2/28/01 305-685-876

Date

Daytime Phone #