

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90111 035 ****70.00

DOCUMENT # N97000000662

1. Entity Name

SOUTH FLORIDA SILVER BLADES FIGURE SKATING CLUB, INC.

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

P. O. Box 160435

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33116-0435

USA

4. FEI Number

65-0747161

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

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

Name

Pedro A. Davila

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

13350 SW 152 Street

Apt. 2804

City

Miami

FL

Zip Code
33177

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 JS DR | |
| CITY-ST-ZIP | FISHER JS FL 33109 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FERNANDO, MARTINEZ | |
| STREET ADDRESS | 4811 SW 196TH ST | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33332 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAIR, CLEASE | |
| STREET ADDRESS | 8553 NW 164 ST | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | P / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pedro A. Davila | |
| STREET ADDRESS | 13350 SW 152 Street / Apt. 2804 | |
| CITY-ST-ZIP | Miami, FL 33177 | |
| TITLE | V / D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cleese Bair | |
| STREET ADDRESS | 8553 NW 164th Street | |
| CITY-ST-ZIP | Miami, Lakes, FL 33016 | |
| TITLE | T / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ana Gonzalez | |
| STREET ADDRESS | 21301 SW 244 Street | |
| CITY-ST-ZIP | Homestead, FL 33031 | |
| TITLE | S / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Josie Justimbaste | |
| STREET ADDRESS | 11231 SW 74th Terrace | |
| CITY-ST-ZIP | Miami, FL 33173 | |
| 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 | | |

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:

REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 (305) 237-2038

Date

Daytime Phone #

CR2E037 (9/01)

0095445