

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90152 030 ****61.25

DOCUMENT # N98000002430



1. Entity Name
**ADVERTISING FEDERATION OF GREATER MIAMI SCHOLARS
HIP FOUNDATION, INC.**

Principal Place of Business
**17094 COLLINS AVENUE #509
SUNNY ISLES BEACH FL 33180**

Mailing Address
**17094 COLLINS AVENUE #509
SUNNY ISLES BEACH FL 33180**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0832745**

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

**BODNER, STANLEY J
305 N ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166**

Name Rose Rice
Street Address (P.O. Box Number is Not Acceptable)
17094 COLLINS AVE #509A
City SUNNY ISLES BEACH FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	IZARD, MARK	
STREET ADDRESS	524 GIRALDO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMILAR, WENDY	
STREET ADDRESS	2601 NOC-A-TREE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRIER, BILL	
STREET ADDRESS	520 BRICKELL KEY DR BH 45	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, ROSE	
STREET ADDRESS	17094 COLLINS AVENUE #509A	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMILAR, WENDY	
STREET ADDRESS	2601 NOC-A-TEE DR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBERT, SUSAN	
STREET ADDRESS	#1 GROVE ISLE DRIVE #307	
CITY-ST-ZIP	MIAMI FL 33133	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED

4/4/03 305-944-0563

CR2E037 (10/02)