

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90028 009 ***150.00

DOCUMENT # V39356

1. Entity Name

NORTH PERRY CHAPTER OF THE FLORIDA AERO CLUB, INC.

Principal Place of Business

**2134 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
US**

Mailing Address

**2134 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
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

65-0410129

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

**LAW OFFICE OF RAY A. SCHLICHTE JR. P.A.
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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]

(NOTE: Registered Agent signature required when reinstating)

1/8/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
**BRESLOW, ARNOLD
1166 SE 6 CT
DANIA FL 33004**

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

P ☐ Delete
**HOLLAND, LEO G S
11708 N.W. 12 STREET
PEMBROKE PINES FL 33026**

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

S ☐ Delete
**PINTO, SALLY
8500 SUNSET STRIP
SUNRISE FL 33322**

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

V ☐ Delete
**AUMICK, CHARLES
446 NE 210 CIRCLE TERRACE #202
N MIAMI BEACH FL 33179**

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
ARNOLD BRESLOW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02
Date

Daytime Phone #

CR2E034 (9/01)