

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708908

1. Entity Name

CUTLER COVE POWERS SQUADRON, INC.

Principal Place of Business

8935 S.W. 198 TERRACE  
MIAMI FL 33157-8969  
US

Mailing Address

8935 S.W. 198 TERRACE  
MIAMI FL 33157-8969  
US

2. Principal Place of Business

7440 SW 96th CT.

3. Mailing Address

7440 SW 96th CT.

Suite, Apt. #, etc.

MIAMI FLORIDA

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33173

Country

DADE

Zip

33173

Country

DADE

4. FEI Number

59-6170590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELTON, ELIZABETH  
8935 S.W. 198 TERRACE  
MIAMI FL 33157-8969

7. Name and Address of New Registered Agent

Name

MILTON L. SIMS

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

7440 SW 96th CT.

City

MIAMI

FL

Zip Code

33173

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.

MILTON L. SIMS  
SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/19/2000  
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MELTON, ELIZABETH I	
STREET ADDRESS	8935 S.W. 198 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157-8969	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COHN, SHIRLEY J	
STREET ADDRESS	12440 S.W. 191 STREET	
CITY-ST-ZIP	MIAMI FL 33177-3838	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGEEHEE, ANDREW J	
STREET ADDRESS	20150 SW 80TH AVE.	
CITY-ST-ZIP	MIAMI FL 33189-2138	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON L. SIMS	
STREET ADDRESS	7440 SW 96th CT.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANNE P. OTEIZA	
STREET ADDRESS	23505 SW 153rd AVE	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW J. MCGEEHEE	
STREET ADDRESS	20150 SW 80th Ave	
CITY-ST-ZIP	MIAMI FL 33189-2138	
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
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: *MILTON L. SIMS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90220 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)