

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90068 023 ****70.00

DOCUMENT # 708908

1. Entity Name

CUTLER COVE POWERS SQUADRON, INC.

Principal Place of Business

15020 OLD CUTLER RD.
MIAMI FL 33158-2116
US

Mailing Address

15020 OLD CUTLER RD.
MIAMI FL 33158-2116
US

2. Principal Place of Business

7440 SW 86 CT

3. Mailing Address

7440 SW 86 CT

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

MIAMI

City & State

FLA

City & State

FL

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

UPDYKE, CARL T.
15020 OLD CUTLER RD.
MIAMI FL 33158-2116

7. Name and Address of New Registered Agent

Name SIMS, MILTON L.

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

7440 SW 86 CT

City MIAMI FL 33173

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.

SIGNATURE

[Signature] SIMS, MILTON L.

02-07-2002

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 + \$8.75
\$ 70.00

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 NAME STREET ADDRESS CITY-ST-ZIP	TD MCGEHEE, ANDREW J 20150 SW 80TH AVE. MIAMI FL 33189-2138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UPDYKE, CARL T 15020 OLD CUTLER RD. MIAMI FL 33158-2116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMS, LINDA C 7440 SW 96 CT MIAMI FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONNINOUGH, L. BRUCE 14270 SW 74TH AVE MIAMI, FL 33158	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMS, MILTON, L. 7440 SW 96 CT. MIAMI FL 33173	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.O. FERREIRO, CARMEN, M 20515 SW 111 ST. MIAMI FL, 33177-5421	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-2002

Date

Daytime Phone #

305-994-1013

CR2E037 (9/01)