

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710522

1. Entity Name

BROMELIAD SOCIETY OF SOUTH FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

% FAIRCHILD TROPICAL GARDEN  
10901 OLD CUTLER RD.  
MIAMI FL 33156-4296

11000 S.W. 77 CT. CIRCLE  
MIAMI FL 33156-3765

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

59-1891192

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

Name

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

City

FL

Zip Code

DE LEON, NAT  
11000 S.W. 77 CT. CIR.  
MIAMI FL 33156

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 ☐ Delete  
NAME JOHNSON, CONNIE  
STREET ADDRESS 7870 SW 89TH LANE  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ Delete  
NAME KENT, MARTHA  
STREET ADDRESS 7640 SW 60 AVW  
CITY-ST-ZIP MIAMI FL 33143

TITLE VP ☐ Delete  
NAME ROMANELLI, PENIEL  
STREET ADDRESS 2827 SW 2ND ST  
CITY-ST-ZIP MIAMI FL 33135

TITLE P ☐ Delete  
NAME PRINCE, ED  
STREET ADDRESS 11220 SW 107 CT  
CITY-ST-ZIP MIAMI FL 33176

TITLE S ☐ Delete  
NAME MILLS, ELAINE  
STREET ADDRESS 9735 SW 138TH ST  
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ Delete  
NAME GREEN, KARL  
STREET ADDRESS 6104 SW 1ST ST  
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☒ Change ☒ Addition  
NAME Director  
STREET ADDRESS KOUCHALAKOS, PETER J.  
CITY-ST-ZIP 920 MESSIAH AVE.  
Coral Gables, FL. 33134

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER J. KOUCHALAKOS 2/7/00 461-2366

FILED  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90024 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE