

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90275 038 *****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1891192

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

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

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, 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 **P** ☐ Delete
 NAME **ROUCHALAKOS, PETER J**
 STREET ADDRESS **920 MESSINA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **VP** ☐ Delete
 NAME **GREEN, KARL W**
 STREET ADDRESS **6104 SW 152 ST**
 CITY-ST-ZIP **MIAMI FL 33157**

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

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

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

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

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

TITLE **D** ☒ Delete
 NAME **GONZALEZ, ERGO**
 STREET ADDRESS **15463 SW 113 ST**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☐ Change ☒ Addition
 NAME **ROTH, SANDY**
 STREET ADDRESS **12670 S.W. 102ND AVE.**
 CITY-ST-ZIP **MIAMI, FL. 33176**

TITLE **D** ☐ Delete
 NAME **BAVER, CARL**
 STREET ADDRESS **10700 SW 62 AVE**
 CITY-ST-ZIP **MIAMI FL 33156-4405**

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:

KARL W. GREEN
 KARL W. GREEN

2/27/02 (305) 255-4888

CR2E037 (9/01)