

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90091 008 ****61.25

DOCUMENT # 717360

1. Entity Name

UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPOR

Principal Place of Business

1046 ALFONSO AVE.
CORAL GABLES FL 33146

Mailing Address

1046 ALFONSO AVE.
CORAL GABLES FL 33146

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

59-1731554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIRSCHBERG, JOSEPH G
1046 ALFONSO AVE.
CORAL GABLES FL 33146

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BURCH, STEWART	1394 NW 192ND AVE	PEMBROKE PINES FL	<input type="checkbox"/>
ST	HIRSCHBERG, JOSEPH G. DR	1046 ALFONSO AVE	CORAL GABLES FL 33146	<input type="checkbox"/>
D	LEU, WILBUR K	4311 S.W. 18TH ST.	MIAMI FL 33134	<input type="checkbox"/>
D	DI MARIO, ARTHUR	12831 S.W. 115TH TERRACE	MIAMI FL 33186	<input type="checkbox"/>
D	WELLINGTON, JAMES W	212 PHOENETIA AVE., NO 4	CORAL GABLES FL 33134	<input type="checkbox"/>
D	BYRNE, JAMES D.	851 BLUERIDGE WAY	DAVE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Joseph G. Hirschberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)