

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90060 043 ****61.25

DOCUMENT # 717360

1. Entity Name

UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED

Principal Place of Business

Mailing Address

**1046 ALFONSO AVE.
CORAL GABLES FL 33146**

**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	P <input type="checkbox"/> Delete
NAME	BURCH, STEWART
STREET ADDRESS	1394 NW 192ND AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	ST <input type="checkbox"/> Delete
NAME	HIRSCHBERG, JOSEPH G. DR
STREET ADDRESS	1046 ALFONSO AVE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LEU, WILBUR K
STREET ADDRESS	4311 S.W. 16TH ST.
CITY-ST-ZIP	MIAMI FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	DI MARIO, ARTHUR
STREET ADDRESS	12831 S.W. 115TH TERRACE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> Delete
NAME	WELLINGTON, JAMES W
STREET ADDRESS	212 PHOENETIA AVE., NO 4
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	BYRNE, JAMES D.
STREET ADDRESS	851 BLUERIDGE WAY
CITY-ST-ZIP	DAVIE FL

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

CR2E037 (9/01)

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 REGISTERING OFFICER OR DIRECTOR

JOSEPH G. HIRSCHBERG 04/24/02 305-284-2323