

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90009 033 ****61.25

DOCUMENT # 717360

1. Entity Name

UNIVERSITY OF MIAMI FRIENDS OF PHYSICS,
INCORPORATED



Principal Place of Business

1046 ALFONSO AVE.
CORAL GABLES FL 33146

Mailing Address

1046 ALFONSO AVE.
CORAL GABLES FL 33146

54024668



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1731554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BURCH, STEWART
1394 NW 192ND AVE
PEMBROKE PINES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
HIRSCHBERG, JOSEPH G. DR
1046 ALFONSO AVE
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DI MARIO, ARTHUR
12831 S.W. 115TH TERRACE
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WELLINGTON, JAMES W
212 PHOENETIA AVE., NO 4
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BYRNE, JAMES D.
851 BLUERIDGE WAY
DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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

29 March, 2004 305 284 2323

Date

Daytime Phone #