

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90107 006 \*\*\*\*61.25

**DOCUMENT # 725306**

1. Entity Name

**MIAMI BEACH POWER SQUADRON, INC.**

Principal Place of Business

18260 NE 19 AVE  
SUITE 202  
NMB FL 33162

Mailing Address

18260 NE 19 AVE  
SUITE 202  
NMB FL 33162

2. Principal Place of Business

**500 Three Island Blvd.**

3. Mailing Address

**600 Three Island Blvd.**

Suite, Apt. #, etc.

**# 527**

Suite, Apt. #, etc.

**# 527**

City & State

**Hallandale FL**

City & State

**Hallandale FL**

Zip

**33009**

Country

**USA**

Zip

**33009**

Country

**USA**

4. FEI Number

**59-6166714**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSENFELD, ALEXANDER M**  
18260 NE 19 AVE  
SUITE 202  
NMB FL 33162

7. Name and Address of New Registered Agent

Name **Paul J. Spiewak**

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

**500 Three Island Blvd**

**APT #507**

City

**Hallandale**

FL

Zip Code

**33009**

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

**Paul J. Spiewak**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/01**

**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

TITLE	TD	<input type="checkbox"/> Delete
NAME	COMESANAS, RAUL	
STREET ADDRESS	308 NE 88TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LURIE, DORIS	
STREET ADDRESS	1775 NE 172 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEINBERG, LEONARD	
STREET ADDRESS	600 PARKVIEW DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMESANAS RAUL	
STREET ADDRESS	11322 N. W 59 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONIA HAUSMAN	
STREET ADDRESS	1719 NE 142 ST	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN HAUSMAN	
STREET ADDRESS	1719 NE 142 ST	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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		
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:

**BENJAMIN HAUSMAN**  
**SIGNATURE REQUIRED**  
**President**

**1/27/01 305-848-0486**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)