

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0072842

DOCUMENT # 728832

1. Entity Name

FRIENDS OF WLRN, INC.

04-09-2002 90073 025 ****61.25

Principal Place of Business

Mailing Address

**172 N.E. 15TH STREET
 ATTN: JOHN LABONIA
 MIAMI FL 33132**

**172 N.E. 15TH STREET
 ATTN: JOHN LABONIA
 MIAMI FL 33132**

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

23-7365001

Applied For

Not Applicable

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

**BARNES JR, PAUL D
 404 VISCAYA AVE
 CORAL GABLES FL 33134**

Name
KAREN ECHOLS

Street Address (P.O. Box Number is Not Acceptable)
172 NE 15TH STREET

City
MIAMI

FL

Zip Code
33132

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

Karen E Echols **Karen E Echols Chief Financial Officer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/02

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
**D
 DRUCKER, SIBBALD
 404 VISCAYA AVE
 CORAL GABLES FL 33134** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 GREER, ALAN
 201 S BISCAYNE BLVD
 MIAMI FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 BLECHMAN, RACHEL S
 701 BRICKELL AVE., #3000
 MIAMI FL 33131** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 KRINZMAN, RICHARD
 2601 S BAYSHORE DRIVE, 19TH FLOOR
 MIAMI FL 33133** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 SANTONI, DOUGLAS
 1050 CARIBBEAN WAY
 MIAMI FL 33132** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TREASURER
 DOUGLAS S. LORIA
 SUNTRUST BANK, 5857 SUNSET DR.
 MIAMI, FL 33143** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SECRETARY
 RICHARD SUAREZ
 9130 S DADELAND, SUITE 1209
 MIAMI FL 33156** ☐ Change ☒ Addition

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:

Richard Krinzman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)