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## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME O

## Feb 11, 2002 8:00 am **DOCUMENT # 741829 Secretary of State** 1. Entity Name 02-11-2002 90101 002 \*\*\*\*61.25 MIAMI RUNNERS, INC. Principal Place of Business Mailing Address 7920 S W 40 STREET 7920 S W 40 STREET MIAMI FL 33155 **MIAMI FL 33155** 2. Principal Place of Business Mailing Address 8720 N. Kendall 8<u>730 N</u>. Kendall Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE $\mathfrak{D}$ City & State City & State 4. FEI Number Applied For 51-0226283 a Dirotte diami Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired П USA うるい 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Deiro-Box Number is Not Acceptable NORWITCH, ELLIE 16232 S.W. 92 AVE. **MIAMI FL 33157** 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Executive Strector Addition TITLE ☐ Detete TITLE ☐ Change Patricia Negro ADLER, LES NAME NAME 120 H. Kendall DIVE STREET ADDRESS STREET ADDRESS 8140 SW 151 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 Delete TITLE TITLE Presider **□** Addition Change Byron Kibo NORWITCH, ELLIE DASDIM STREET ADDRESS STREET ADDRESS 16232 S.W. 92 AVE. CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Miller MAGRAM, GARY NAME NAME SILUSW 1515tre STREET ADDRESS 10121 SW 141 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 Miceni Delete ☐ Change TITLE TITLE Addition Bruck-(twilk SPORGE-WELLS, DORIS NAME NAME そうの 8720 N. Kendale Drive STREET ADDRESS STREET ADDRESS 9771 S.W. 48 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL diami サし ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.