

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90003 008 ****61.25

DOCUMENT # 751168

1. Entity Name

SOUTH FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF

Principal Place of Business

Mailing Address

537-B BURLINGTON ST
 OPA LOCKA FL 33054
 US

PO BOX 540363
 OPA LOCKA FL 33054
 US

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

23-7416597

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

BOUCK, BILL
 537-B BURLINGTON STREET
 OPA LOCKA FL 33054

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 PD ☒ Delete
 NAME SUAREZ, CARLOS A DR
 STREET ADDRESS 7000 SW 62ND AVE., STE. 201
 CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE PD ☒ Change ☐ Addition
 NAME Wexner, Steven MD
 STREET ADDRESS 3000 W. Cypress Creed Rd
 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE PD ☒ Delete
 NAME WEXNER, STEVEN MD
 STREET ADDRESS 3000 W. CYPRESS CREEK ROAD
 CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE D ☐ Delete
 NAME BOUCK, BILL
 STREET ADDRESS 18126 NW 61ST PLACE
 CITY-ST-ZIP MIAMI FL 33015

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

TITLE ST ☐ Delete
 NAME TERSHAKOVEC, GEORGE
 STREET ADDRESS 7000 SW 62 AVE #310
 CITY-ST-ZIP MIAMI FL 33143

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Bill Bouck Bouck

02-09-01

305-687-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)