

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90225 020 ****61.25

DOCUMENT # 751464

1. Entity Name

SOUTH MIAMI STAMP CLUB, INC.

Principal Place of Business

Mailing Address

**9025 SW 72 STREET
MIAMI FL 33173**

**9025 SW 72 STREET
MIAMI FL 33173**

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

59-2195605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WERNER, STU
7101 SW 72 CT
MIAMI FL 33143**

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.

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

TITLE **D** ☐ Delete
NAME **WERNER, STU**
STREET ADDRESS **7101 SW 72ND CT**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VD** ☐ Delete
NAME **BEAUREGARD, LAWRENCE G**
STREET ADDRESS **4550 N.W. 93 DORAL CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
NAME **MARQUES, LARRY**
STREET ADDRESS **10380 SW 68 LANE**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
NAME **SAN MARTIN, CARLOS JR**
STREET ADDRESS **1930 SW 57TH PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
NAME **BARRUS, CAROL Q**
STREET ADDRESS **11550 SW 80 RD.**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

305-634-2274

Daytime Phone #

CR2E037 (9/01)