

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90332 022 ****70.00

0007908

DOCUMENT # **N02000003866**

1. Entity Name

THE NINE MILE SWIMMERS SOCIETY, INC.



Principal Place of Business

**621 86 STREET
MIAMI BEACH FL 33141**

Mailing Address

**621 86 STREET
MIAMI BEACH FL 33141**

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

03-0446112

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **ROJAS-ANGLES, ERIE**

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

621 86TH STREET

City **MIAMI BEACH,**

FL

Zip Code

33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Erie Rojas-Angles

07-10-03

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **ROJAS-ANGLES, ERIE**
STREET ADDRESS **621 86 STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VD** Change Addition
NAME **BROWN, EDWARD (BROWN)**
STREET ADDRESS **621 86 STREET**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **TD** Delete
NAME **PORTER, CLYDE**
STREET ADDRESS **621 86 STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **OSTER, VERNON**
STREET ADDRESS **621 86 STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **SANPERE, LILLIAN**
STREET ADDRESS **621 86 STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **TAM, ONELIO**
STREET ADDRESS **621 86 STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **KING, TERRY**
STREET ADDRESS **621 86 STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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 another like empowered.

SIGNATURE:

Erie Rojas-Angles

07-10-03

305-861-5520

CR2E037 (4/03)