

**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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**07-10-03**

**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)