

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03485

1. Entity Name

MIAMI BACH SOCIETY, INC.

FILED

May 10, 2002 8:00 am
Secretary of State

05-10-2002 90046 032 ****70.00

558969



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P O BOX 4034
CORAL GABLES FL 33114

P O BOX 4034
CORAL GABLES FL 33114

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

59-2429406

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

BERKE, MICHAEL A ESQ
100 SE 2ND ST
SUITE 4000
MIAMI FL 33131

Name CEBA, LLC (Carton Fields Attorneys at Law)
Street Address (P.O. Box Number is Not Acceptable) Two International Place
100 S.E. Second Avenue
City Miami FL Zip Code 33131

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.

0050

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	VD	<input type="checkbox"/> Delete
NAME	TERRY, LAWRENCE	
STREET ADDRESS	1896 TIGERTAIL AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VEATER, CLAIRE W	
STREET ADDRESS	10453 SW 114 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERBERIAN, GEORGE W.	
STREET ADDRESS	7290 SW 112 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HART, MARK E	
STREET ADDRESS	8784 SW 176TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RIBENBOIM, MYRIAM	
STREET ADDRESS	205 CAOBA COURT	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Daytime Phone #