

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05593

1. Entity Name

BISCAYNE BAY POWER SQUADRON, INC.

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91180 031 ****61.25

Principal Place of Business

Mailing Address

290-174TH STREET
APT #1215
SUNNY ISLES FL 33160
US

290-174TH ST
APT #1215
SUNNY ISLES FL 33160

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
59-6147746

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

KATZ, BONNIE
290-174TH STREET
APT #1215
SUNNY ISLES FL 33160

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	CDR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEDULD, LUZ		NAME		
STREET ADDRESS	17011 N. BAY RD #807		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP		
TITLE	DE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULTZ, HARRY LT/C		NAME		
STREET ADDRESS	3944 NE 167TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE	SED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, BONNIE LT/C		NAME		
STREET ADDRESS	290-174TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, BARBARA LTC		NAME		
STREET ADDRESS	9470 OAK GROVE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABADO, DANIEL LTC		NAME		
STREET ADDRESS	19341 NW 52ND COURT		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Abad, Wladimiro LTC	
STREET ADDRESS			STREET ADDRESS	9308 SW 212 Ter	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33189	

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: *Barbara Leon* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-28-02 954-424-6769
Date Daytime Phone #

CR2E037 (9/01)