

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90055 016 \*\*\*\*61.25

0029035

**DOCUMENT # N05593**

1. Entity Name

**BISCAYNE BAY POWER SQUADRON, INC.**



Principal Place of Business

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

Mailing Address

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

11067000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6147746**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CDR** ☐ Delete  
NAME **GEDULD, LUZ**  
STREET ADDRESS **17011 N. BAY RD #807**  
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **DE** ☐ Delete  
NAME **SHULTZ, HARRY LT/C**  
STREET ADDRESS **3944 NE 187TH STREET**  
CITY-ST-ZIP **NO MIAMI BEACH FL 33160**

TITLE **SED** ☐ Delete  
NAME **KATZ, BONNIE LT/C**  
STREET ADDRESS **290-174TH STREET**  
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **TD** ☐ Delete  
NAME **LEON, BARBARA LTC**  
STREET ADDRESS **9470 OAK GROVE CIRCLE**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **SD** ☒ Delete  
NAME **ABAD, WLADIMIRO LTC**  
STREET ADDRESS **9308 SW 212 TERR**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
NAME **Jay Frischman LTC**  
STREET ADDRESS **15322 Sunset Dr. #112**  
CITY-ST-ZIP **Miami, FL 33193**

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

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

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

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

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:

*Barbara Leon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03

954-741-5284

CR2E037 (10/02)