

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0035244

DOCUMENT # N45249

1. Entity Name

LANDMARK SUPPORTERS, INC.

03-05-2001 90011 026 ****61.25

Principal Place of Business

20000 NW 47 AVE
 MIAMI FL 33055-8543
 US

Mailing Address

20000 NW 47TH AVE
 MIAMI FL 33055-8543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6197615

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLUM, SAMUEL S.
2666 TIGERTAIL AVE. #104
COCONUT GROVE FL 33133

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	D	<input type="checkbox"/> Delete
NAME	BLUM, BETTY	
STREET ADDRESS	19945 NE 10TH PL WAY	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALFASSA, STELLA	
STREET ADDRESS	5690 S ANEIS RD	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELSITO, JEANNE	
STREET ADDRESS	415 N 46TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAINES, ADAH	
STREET ADDRESS	21 JACARANDA DR #122	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, JULIO	
STREET ADDRESS	10486 SW 27 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCNEILL, CLAUDIA	
STREET ADDRESS	1225 NW 92 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY BEANS	
STREET ADDRESS	1106 N. PARK RD	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEANORE HOLT	
STREET ADDRESS	340 W. 64 ST.	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NILBA ADDORNO	
STREET ADDRESS	120 N.E. 171 ST	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33162	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILLERMO ALICEA,	
STREET ADDRESS	1671 N.E. 177 ST.	
CITY-ST-ZIP	NO. MIAMI BEACH, FL. 33162	
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		

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: *Claudia McNeill* **CLAUDIA MCNEILL** 2-21-01 954-432-2641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)