

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45249

1. Entity Name

LANDMARK SUPPORTERS, INC.

Principal Place of Business

Mailing Address

20000 NW 47 AVE  
MIAMI FL 33055-8543  
US

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.

Zip

Country

Zip

Country

4. FEI Number

59-6197615

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

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 PD  
NAME BEANS, GARY ☐ Delete  
STREET ADDRESS 1106 NORTH PARK ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE SD  
NAME GAINES, ADAH ☐ Change ☐ Addition  
STREET ADDRESS 21 JACARANDA DRIVE  
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE D  
NAME HOLT, ELEANORE ☐ Delete  
STREET ADDRESS 340 WEST 64 STREET  
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE D  
NAME ADORNO, NILDA ☐ Delete  
STREET ADDRESS 120 NE 171 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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

TITLE D  
NAME GUILLERMO, ALICEA ☐ Delete  
STREET ADDRESS 1671 NE 177 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE  
NAME ALICEA, GUILLERMO ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP CORRECTION

TITLE VPD  
NAME DIAZ, JULIO ☐ Delete  
STREET ADDRESS 10486 SW 27 ST  
CITY-ST-ZIP MIAMI FL 33165

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

TITLE TD  
NAME MCNEILL, CLAUDIA ☐ Delete  
STREET ADDRESS 1225 NW 92 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33024

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

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 4-15-02 954-432-2641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

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DO NOT WRITE IN THIS SPACE