

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50197

1. Entity Name

MIAMI BOND CLUB, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90072 008 ****61.25

Principal Place of Business

Mailing Address

C/O STEVE HARNISH, TREASURER
2815 SW 25 ST. APT. 2
MIAMI FL 33133

C/O STEVE HARNISH, TREASURER
2815 SW 25 ST. APT. 2
MIAMI FL 33133

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

65-0702543

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

HARNISH, STEVE
2815 SW 25 ST #2
MIAMI 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
NAME PD
STREET ADDRESS MCKEY, DWIGHT
CITY-ST-ZIP 1511 ROBBIA AVE
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS PRESIDENT
CITY-ST-ZIP AMERITUS &
DIRECTOR

TITLE
NAME DV
STREET ADDRESS PHILLIPS, STEVE
CITY-ST-ZIP 5501 RIVIERA DR
CORAL GABLES FL 33143 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS President
CITY-ST-ZIP & Director

TITLE
NAME SD
STREET ADDRESS GUEMES, JULIO A
CITY-ST-ZIP 9050 SW 82 ST
MIAMI FL 33156 ☐ Delete

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

TITLE
NAME TD
STREET ADDRESS HARNISH, STEVE
CITY-ST-ZIP 2815 SW 25 ST #2
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 supplement 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

4/30/02

305 908 2613

Date

Daytime Phone #

CR2E037 (9/01)