

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90010 019 ****70.00

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1. Entity Name

SOUTH FLORIDA CACTUS AND SUCCULENT SOCIETY, INC.

Principal Place of Business

55 SW 17TH ROAD
 MIAMI FL 33129

Mailing Address

P.O. BOX 99777
 MIAMI FL 33299-7777
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0396680

Applied For

Not Applicable

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

DE LA FUENTE, ELIZABETH
4853 NW 113 PL
MIAMI FL 33178

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

After September 13, 2002,
min. will be \$236.25.

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 LEONDIRIS, NICHOLAS ☐ Delete
 STREET ADDRESS 2151 SW 97 COURT
 CITY-ST-ZIP MIAMI FL

TITLE **TD**
 NAME **LEONDIRIS, NICHOLAS** ☒ Change ☐ Addition
 STREET ADDRESS **2151 SW 97 CT.**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE VD
 NAME DE LA FUENTE, EMY ☐ Delete
 STREET ADDRESS 4853 NW 13 PL
 CITY-ST-ZIP MIAMI FL 33152-4666

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

TITLE TD ☒ Delete
 NAME EMERY, HARRIET
 STREET ADDRESS 272 E 36 STREET
 CITY-ST-ZIP HIALEAH FL 33013

TITLE PD
 NAME PATQUINTANA ☐ Change ☒ Addition
 STREET ADDRESS 15437 SW 86 TER
 CITY-ST-ZIP MIAMI FL 33193

TITLE SD ☒ Delete
 NAME DE LA FUENTE, ELIZABETH
 STREET ADDRESS 4853 NW 113 PL
 CITY-ST-ZIP MIAMI FL 33152-4666

TITLE SD
 NAME LISA RADOSTA ☐ Change ☒ Addition
 STREET ADDRESS 3504 BROKENWOODS DRIVE
 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D ☐ Delete
 NAME TOPP, DAN
 STREET ADDRESS 1380 NE 16 TERR
 CITY-ST-ZIP FORT LAUDERDALE FL 33304

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

TITLE P ☒ Delete
 NAME WEISS, MARC
 STREET ADDRESS 5501 SW 40TH AVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33314-6703

TITLE D
 NAME JOHN LUCAS ☐ Change ☒ Addition
 STREET ADDRESS 3812 SW 48 AVE
 CITY-ST-ZIP PEMBROKE PINES, FL 33023

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

SIGNATURE REQUIRED

PATQUINTANA

8/7/02 305 856-6801

CR2E037 (4/02)