

# 2002 UNIFORM BUSINESS REPORT (UBR)

0074122

DOCUMENT # N93000000854

1. Entity Name

SOUTH FLORIDA CACTUS AND SUCCULENT SOCIETY, INC.

Principal Place of Business

Mailing Address

55 SW 17TH ROAD  
MIAMI FL 33129

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

90013848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0396680

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

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.

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

TITLE  
NAME  
STREET ADDRESS 300012779763  
CITY-ST-ZIP 02/19/03--01022--004 \*\*\$61.25 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS 300012779763  
CITY-ST-ZIP 02/19/03--01022--005 \*\*\$61.25 ☐ Change ☐ Addition

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

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

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

TITLE D  
NAME DE LA FUENTE, ELIZABETH ☒ Change ☐ Addition  
STREET ADDRESS 4853 NW 113 PL  
CITY-ST-ZIP MIAMI, FL 33152-4666

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

TITLE D  
NAME RIVERA, CATHI ☐ Change ☒ Addition  
STREET ADDRESS 13125 SW 112 AVE.  
CITY-ST-ZIP MIAMI, FL 33176

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

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

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:

*CATHI RIVERA* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

305 271-3342 ext 2266

CR2E037 (9/01)

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

0079680

DOCUMENT # N93000000854

1. Entity Name

SOUTH FLORIDA CACTUS AND SUCCULENT SOCIETY, INC.



FILED

03 FEB -4 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
90013850



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

55 SW 17TH ROAD  
MIAMI FL 33129

Mailing Address

P.O. BOX 997777  
MIAMI FL 33299-7777  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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Country

4. FEI Number 65-0396680

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONDIRIS, NICHOLAS 2151 SW 97 COURT MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LA FUENTE, EMY 4853 NW 13 PL MIAMI FL 33152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTANA, PAT 15437 SW 86 TER MIAMI FL 33193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RADOSTA, LISA 3504 BROKENWOODS DRIVE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPP, DAN 1380 NE 16 TERR FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, JOHN 3812 SW 48 AVE PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA FUENTE, EMY 4853 NW 13 PL MIAMI, FL 33152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERA, CATHI 13125 SW 112 AVE MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RADOSTA, LISA 3504 BROKENWOODS DRIVE CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA FUENTE, ELIZABETH 4853 NW 113 PL MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (10/02)

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: S. CATHI RIVERA REQUIRED CATHI RIVERA

1/27/03 305-271-3342 ext.