2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300000854 1. Entity Name										
SOUTH	FLORIDA CACTUS AND SUC	CCULENT SOCIETY, IN	Č.							
Principal Plac	Mailing Address	· · · · · · · · · · · · · · · · ·		-						
MIAMI FL 33129 MIAMI		P.O. BOX 997777 MIAMI FL 33299-7777 US				90013848				
		•••			1 (00)(00) 014 (1	188 (1111 88)(1 88)(1 8 6)	 <u> </u>			
2. Principal F	Place of Business	3. Mailing Address	ailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.		1	DO NOT WRITE	N THIS SPACE			
City & State Ci		City & State	ity & State		4. FEI Number 65-0396680			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Si		\$2.75 Additional			
	6. Name and Address of Current	Registered Agent			7. Name and Add	lress of New Reg	stered Agent			
	*	and the second of the second o	Nai	me خنت جنت	• i		حموري مديعو			
DE LA FU 4853 NW	ente, elizabeth 113 pl		Stre	eet Address	(P.O. Box Number is	Not Acceptable)				
MIAMI FL			City			FL Zip Code				
8. The above	e named entity submits this statement for	or the purpose of changing its	registered offi	ce or registe	red agent, or both, in	the state of Florida				
•			-	-						
SIGNATURE	:						Sa a defension	A** ***		
1	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent	signature require	d when reinstating)		DATE	31.3 3 33.4		
					1		门里 医二异丙烯	海海,建立。		
	EILE NOW, CEE IS \$64.25	9. Election Carr	paign Financi	ing	\$5.00 May Be	Make	Check Pavable	e to		
. 1	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C		ing	\$5.00 May Be Added to Fees		Check Payable artment of Sta			
10.	FILE NOW: FEE IS \$61.25	Trust Fund C				Dep	Check Payable artment of Sta	te		
10.	OFFICERS AND DI	Trust Fund C	ontribution.		Added to Fees	Dep	Check Payable artment of Sta	N 10		
10. TITLE NAME	OFFICERS AND DI PD LEONDIRIS, NICHOLAS	Trust Fund C	11. TITLE NAME		Added to Fees ADDITIONS/CHANG	Dep ES TO OFFICERS	Check Payable partment of Star	N 10 Addition		
10.	OFFICERS AND DI PD LEONDIRIS, NICHOLAS 2151 SW 97 COURT	Trust Fund C	11.	RESS	Added to Fees ADDITIONS/CHANG	Dep	Check Payable partment of Star	N 10 Addition		
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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:

1/21/03 305 271-3342 44t Date Daytime Phone # 1 1

FILED

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

DOCUMENT # N9300000854



SOUTH FLORIDA CACTUS AND SUCCULENT SOCIETY, INC.						03 FEB -4 AM 11: 47					
55 SW 17TH ROAD P.(MIAMI FL 33129 MIA			P.O. BO	Mailing Address P.O. BOX 997777 MIAMI FL 33299-7777 US			SECRETARY OF STATE TALLAHASSEE FLORIDA 90013850				
2. Principal Place of Business 3. M			3. Mailir	Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			1 00 0030000			pplied For	
Zip Country		Zip	Zip Coun						lot Applicable		
6. Name and Address of Current Pagistary			Agent Agent			Fee Required 7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent					Name		7. Name and Add	ress of New Registere	a Agent		
DELAF	115km	TARETH			, name						
DE LA FUENTE, ELIZABETH 4853 NW 113 PL					Street	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FI	L 33178										
					City	City FL Zip Code					
8. The above the obliga SIGNATURE	ations of regist	y submits this statement for tered agent.		-	egistered office o			he State of Florida. I a		, and accept	
FILE NOW: FEE IS \$61.25			PECTORS	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
	ITD	OFFICENS AND DII	RECTORS		11.	1 A	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TTLE NAME Street address City-St-Zip	4853 NW MIAMI FL 3	33152		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE 405 M	LA FUEN 3 NW 13 1AMI, FL	TE, EMY PL . 33152	Change	☐ Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTANA 15437 SW MIAMI FL 3	86 TER	neur.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1317	IERA, CA 15 SWIIZ IAMI, FL	TH! AVE	Change	☐ Addition	
ITLE HAME TREET ADDRESS HTY-ST-ZIP	CORAL SP	LISA KENWOODS DRIVE RINGS FL 33065		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	251	DOSTA, LI DY BROKE LAL SPRIM	SA NWOUDS D NGS, FL	.⊿Change XIVE . 3304	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP				Delete	NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Change	☐ Addition	
itle Ame Treet address	LUCAS, JO			Delete	TITLE NAME	DE	A FUENT	E ELIZABE	☐ Change	Addition	

4853 NW 113 PL. MIAMI, FL 33178 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 Statules. 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:

SIGNATURE:

SIGNATURE:

CITY-ST-ZIP

PEMBROKE PINES FL 33023

1/27/03 305-271-334/2 2266