

2000 UNIFORM BUSINESS REPORT (UBR)

6/5/00-90030-021-\$61.25-\$61.25

DOCUMENT # N94000002804

1. Entity Name

MIAMI FOUNDATION FOR THE SUPPORT OF AMATEUR GYM

FILED

00 AUG -2 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

12422 SW 117TH COURT
MIAMI FL 33186

12422 SW 117TH COURT
MIAMI FL 33186-5210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0508086

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

POUCHET, PRICILLA
11345 SW 108 COURT
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

T
NAME MITZNER, SHELLEY
STREET ADDRESS 9721 SW 148 ST
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

DS
NAME NEWLAND, BELVIA
STREET ADDRESS 11380 SW 128 ST
CITY-ST-ZIP MIAMI FL 33178 ☒ Delete

☐ Change ☒ Addition
D SECRETARY
NAME MARCEA PAUL
STREET ADDRESS 8633 FRANK ROAO
CITY-ST-ZIP MIAMI FL 33189

DP
NAME POUCHET, PRICILLA
STREET ADDRESS 11345 SW 108 COURT
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

☐ Delete
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☐ Change ☐ Addition
NAME
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 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:

Shelley R Mitzner 5/20/00 205 238 3226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE