

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002430

1. Entity Name

ADVERTISING FEDERATION OF GREATER MIAMI SCHOLARS

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90042 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

300 71 ST STE 612  
MB FL 33141

300 71 ST STE 612  
MB FL 33141-3038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0832745

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

BODNER, STANLEY J  
300 71 ST STE 612  
MB FL 33141

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	D	<input type="checkbox"/> Delete
NAME	BODNER, STANLEY J	
STREET ADDRESS	300 71 ST STE 612	
CITY-ST-ZIP	MB FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, THOMAS L	
STREET ADDRESS	5470 SW 70 PLACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRIER, BILL	
STREET ADDRESS	520 BRICKELL KEY DR BH 45	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, ROSE	
STREET ADDRESS	17094 COLLINS AVE 509A	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMILAR, WENDY	
STREET ADDRESS	2601 NOC-A-TEE DR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stanley J. Bodner **REGISTERED** 4/16/00 305-861-1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)