2002

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

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-06-2002 90066 026 ****61.25

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DOCUMENT # N98000002430

1. Entity Name
ADVERTISING FEDERATION OF GREATER MIAMI SCHOLARSHIP FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
17094 Collins Ave
Suite, Apt. #, etc.
#509 A
City & State
SUNNY ISLES BEACH, FL
Zip 33160 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0832745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: STANLEY J. BOUNER
Street Address (P.O. Box Number is Not Acceptable): 305 N. ROYAL POINCIANA BLVD
City: MIAMI SPRINGS FL Zip Code 33166

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PRESIDENT
NAME	MARK IZARD D
STREET ADDRESS	524 GIRALDO AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VICE PRESIDENT
NAME	WENDY KAMILAR D
STREET ADDRESS	2601 NOC-A-TEE DRIVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	SECRETARY
NAME	SUSAN GILBERT D
STREET ADDRESS	#1 GROVE ISLE DRIVE #307
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	TREASURER
NAME	ROSE RICE D
STREET ADDRESS	17094 COLLINS AVE #509A
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33180
TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

STANLEY J. BOUNER

SIGNATURE: Stanley J. Bouner, DIRECTOR 4/24/02 305-883-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #