

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001164**

1. Entity Name

PARENTS OF LIGHTNING DEBATERS, INC.**FILED**
Feb 23, 2001 8:00 am
Secretary of State

02-08-2001 90167 001 ****61.25

Principal Place of Business:

**2041 N.E. 207 STREET
NORTH MIAMI BEACH FL 33179**

Mailing Address

**2041 N.E. 207 STREET
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0949492

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

**HANTMAN, SUSAN R
2041 N.E. 207 STREET
NORTH MIAMI BEACH FL 33179**

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 is applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SHUKRIE, NISSAN	2041 N.E. 207 STREET	NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>
DV	GARFINKLE, LYNN	2041 N.E. 207 STREET	NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>
SD	ROSENBLUM, JUDY	2041 N.E. 207 STREET	NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>
TD	HANTMAN, SUSAN R	2041 N.E. 207 STREET	NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/01

Daytime Phone #

305-673-3335

CR2E037 (10/00)