

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001164

1. Entity Name

PARENTS OF LIGHTNING DEBATERS, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90116 043 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

1975 NE 208 TERRACE

3. Mailing Address

1975 NE 208 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

65-0949492

Applied For

Not Applicable

Zip
33179

Country
USA

Zip
33179

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name TOBY L. WOLSON

Street Address (P.O. Box Number is Not Acceptable)

1975 NE 208 TERRACE

City MIAMI

FL

Zip Code 33179

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

TITLE PD
NAME SHUKRIE, NISSAN ☒ Delete
STREET ADDRESS 2041 N.E. 207 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE DV
NAME GARFINKLE, LYNN ☒ Delete
STREET ADDRESS 2041 N.E. 207 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE SD
NAME ROSENBLUM, JUDY ☒ Delete
STREET ADDRESS 2041 N.E. 207 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE TD
NAME HANTMAN, SUSAN R ☒ Delete
STREET ADDRESS 2041 N.E. 207 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition
NAME ~~SHUKRIE, NISSAN~~ WOLSON, TOBY L.
STREET ADDRESS 1975 NE 208 TERRACE
CITY-ST-ZIP MIAMI, FL 33179

TITLE PD ☒ Change ☐ Addition
NAME GARFINKLE, LYNN
STREET ADDRESS 20625 NE 22 PLACE
CITY-ST-ZIP MIAMI, FL 33180

TITLE DV ☐ Change ☒ Addition
NAME SCHENKER, LAURIE
STREET ADDRESS 2090 NE 196 TERRACE
CITY-ST-ZIP MIAMI, FL 33179

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

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

TITLE ☐ 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:

SIGNATURE REQUIRED TOBY L. WOLSON 4/22/02 305-471-3041

CR2E037 (9/01)