

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

FILED

02 SEP 24 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 707075

1. Entity Name

Miami Obedience Club, Inc.

**DO NOT WRITE IN THIS SPACE**

800008024238--3  
-09/25/02--01080--021  
\*\*\*\*253.75 \*\*\*\*253.75

2. Principal Place of Business Tropical Park Suite, Apt. #, etc. 7900 Bird Road		3. Mailing Address 5363 La Gorce Drive Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami Beach, Florida	
Zip 33172	Country USA	Zip 33140	Country USA
4. FEI Number 23-7125622		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent					
				Name Pat Kopco		Street Address (P.O. Box Number is Not Acceptable) 5363 La Gorce Drive		City Miami Beach	
				State FL		Zip Code 33140			

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 PAT KOPCO - PRESIDENT Pat Kopco 09/19/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25 Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pat Kopco (P/D) 5363 La Gorce Drive Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Randy Reed (V/D) 1142 NE 91st Street Miami, FL 33138	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cory Gacusana (S/D) 2385 Coral Way Miami, FL 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Erin Leff (S/D) 7725 Highlands Circle Margate, FL 33063	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nancy Atkins (T/D) 12703 SW 94th Place Miami, FL 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Deborah Russell (D) 9600 SW 187th Street Miami, FL 33157	TITLE 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)(f), 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.

SIGNATURE: Pat Kopco PAT KOPCO - PRESIDENT 09/19/02 305-866-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)