

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90176 024 ****70.00

DOCUMENT # 707075



1. Entity Name
MIAMI OBEDIENCE CLUB INC

Principal Place of Business
**TROPICAL PARK
7900 BIRD RD.
MIAMI FL 33172
US**

Mailing Address
**5363 LA GROCE DRIVE - INCORRECT SPELLING
MIAMI BEACH FL 33140 -
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5363 LA GORCE DRIVE
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip
33140

Country
USA

4. FEI Number **23-7125622**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOPCO, PAT
5363 LA GRACE DRIVE - INCORRECT SPELLING
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **PAT KOPCO**

Street Address (P.O. Box Number is Not Acceptable)
5363 LA GORCE DRIVE

City **MIAMI BEACH** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pat Kopco DATE 04-08-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOPCO, PAT	
STREET ADDRESS	5363 LA GORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REED, RANDY	
STREET ADDRESS	1142 NE 91 ST STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GACUSANA, CORY	
STREET ADDRESS	2385 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEFF, ERIN	
STREET ADDRESS	7725 HIGHLANDS CIRCLE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ATKINS, NANCY	
STREET ADDRESS	12703 SW 94TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, DEBORAH	
STREET ADDRESS	9600 SW 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPCO, PAT	
STREET ADDRESS	5363 LA GORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIN LEFF	
STREET ADDRESS	7725 HIGHLANDS CIRCLE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY SIMON	
STREET ADDRESS	16701 SW 84TH ST.	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN PROE	
STREET ADDRESS	2550 SW 21ST ST.	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL ANN KLEIN	
STREET ADDRESS	534 NE 94TH ST	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	

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: Pat Kopco REPEAT: (KOPCO)ED DATE: 04-08-03 PHONE: 305-577-0090

CR2E037 (10/02)

Attachment

80077477
707075

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D PETER LIU 12771 SW 147TH ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D JACKIE KURZBAN 1520 NW 8TH ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D TRINA CHICVERA 8371 SW 35TH TERR. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition