

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91422 006 \*\*\*\*61.25

**DOCUMENT # 722251**



1. Entity Name  
**NORTH MIAMI ELKS LODGE 1835, INC.**

Principal Place of Business  
**12495 NE 2ND AVENUE  
NORTH MIAMI FL 33161**

Mailing Address  
**12495 NE 2ND AVENUE  
NORTH MIAMI FL 33161**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0678389**

Applied For

**S/B 59-6478697**

Not Applicable

Zip

Country

Zip

Country

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

**DELUCCA, ANTHONY J, SR  
14370 NE 4TH AVE  
MIAMI FL 33161**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, RICHARD	
STREET ADDRESS	251 NW 101 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JAMES E	
STREET ADDRESS	12495 NE 2ND AVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAYS, RICHARD	
STREET ADDRESS	10190 COLLINS AVE	
CITY-ST-ZIP	BAY HARBOUR FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAYS, NANCY	
STREET ADDRESS	10190 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	DELUCCA, ANTHONY J SR.	
STREET ADDRESS	12495 N.E. 2ND AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ORTIZ, SR., JOSEPH	
STREET ADDRESS	1000 NW 150 ST	
CITY-ST-ZIP	MIAMI FL 33168	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borsuk, Pat	
STREET ADDRESS	1461 NE 169 St., Apt 223	
CITY-ST-ZIP	North Miami, FL 33162	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tiradano, Edward	
STREET ADDRESS	12495 NE 2nd Ave	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cech, John	
STREET ADDRESS	17810 NE 8th Ave.	
CITY-ST-ZIP	North Miami, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: *Nancy Mays* DENANCE Mays - Secretary 4/28/03 (305)868-4047

CR2E037 (10/02)