

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001271

1. Entity Name

UKRAINIAN-AMERICAN CLUB, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90282 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O RICHARD M. FERNANDEZ  
11077 BISCAYNE BLVD PH  
MIAMI FL 33161

C/O RICHARD M. FERNANDEZ  
11077 BISCAYNE BLVD PH  
MIAMI FL 33161-7418

2. Principal Place of Business

3595 NW 35 STREET

3. Mailing Address

3595 NW 35 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-6476270

Applied For

Not Applicable

Zip

33142

Country

Zip

33142

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

FERNANDEZ, RICHARD M  
11077 BISCAYNE BLVD, PH  
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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MAKSYMOWICH, DONNA  
STREET ADDRESS 10181 SW 57TH COURT  
CITY-ST-ZIP COOPER CITY FL 33320 ☐ Delete

TITLE NAME  
NAME MAKSYMOWICH - WASKIEWICZ, DONNA ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME GALADZA, PAUL  
STREET ADDRESS 10301 SW 114 ST.  
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

TITLE VD  
NAME OKSANA PIASECKY  
STREET ADDRESS 242-191st Street  
CITY-ST-ZIP Sunny Isles, FL 33160 ☐ Change ☒ Addition

TITLE TD  
NAME WENGLOSKY, BORYS J  
STREET ADDRESS 7600 SW 130 ST.  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE NAME  
NAME WENGLOWSKY, BORYS ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME WASKIEWICZ, DONNA M  
STREET ADDRESS 10181 SW 57TH COURT  
CITY-ST-ZIP COOPER CITY FL 33328 ☒ Delete

TITLE S/D  
NAME NATALIA TRACH  
STREET ADDRESS 4905 NW 101st Avenue  
CITY-ST-ZIP Coral Springs, FL 33076 ☐ Change ☒ Addition

TITLE TD  
NAME BERGMAN, MARY J.  
STREET ADDRESS 5831 NE 6TH COURT  
CITY-ST-ZIP MIAMI FL 33137 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE FS/D  
NAME STANLEY PRYSTACEY, JR  
STREET ADDRESS 514 EAST 52nd Street  
CITY-ST-ZIP Hialeah, FL 33013 ☐ Change ☒ Addition

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:

MAKSYMOWICH - WASKIEWICZ 4-29-00

954-434-4635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #