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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90164 024 \*\*\*\*61.25

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DOCUMENT # N96000000157

1. Corporation Name

UKRAINIAN DANCERS OF MIAMI, INC.

Principal Place of Business

3595 NW 35TH STREET  
MIAMI FL 33142

Mailing Address

3595 NW 35TH STREET  
MIAMI FL 33142



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/09/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0621905

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGMAN, MARY  
5831 NE 6TH COURT  
MIAMI FL 33137

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME BERGMAN, MARY  
STREET ADDRESS 5831 NE 6TH COURT  
CITY-ST-ZIP MIAMI FL 33137

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME TERSHAKOVEC, DIANA  
STREET ADDRESS 6463 SW 131 STREET  
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME HULL, WEB  
STREET ADDRESS 1190 BALBOA COURT  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

3.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MAKSYMOWICH, KARYN  
STREET ADDRESS 1318 18TH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33139

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME KARYN MAKSYMOWICH WILK  
4.3 STREET ADDRESS 1572 PRESIDIO DRIVE  
4.4 CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ DELETE

NAME OLGA MAKSYMOWICH  
STREET ADDRESS 1784 WEST AVENUE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary Bergman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 305-596-6966  
Date Daytime Phone #

CR2E037 (1/98)