

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003821

1. Entity Name

POLISH-SLAVIC CHARITABLE ASSOCIATION, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90479 035 ****75.00

Principal Place of Business

1850 N.E. 169 ST., APT. 404
N. MIAMI FL 33162

Mailing Address

1850 N.E. 169 ST., APT. 404
N. MIAMI FL 33162-3064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31 1656797

Applied For

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

KLUCZ, JERZY
1850 N.E. 169 ST., APT. 404
N. MIAMI FL 33162

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 DP
NAME JUSZCZAK, STEFANIA
STREET ADDRESS 501 BLUE HERON DR., APT. 217-A
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE DP
NAME KLUCZ, JERZY
STREET ADDRESS 1850 NE 169 St., APT. 404
CITY-ST-ZIP N. MIAMI FL 33162 ☒ Change ☐ Addition

TITLE DV
NAME SZYMURA, EDMUND
STREET ADDRESS 8201 BYRON AVE., APT. 308
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE DV
NAME JOCHIM, ELZBIETA
STREET ADDRESS 2151 N.W. 86 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☒ Addition

TITLE DS
NAME KLUCZ, JERZY
STREET ADDRESS 1850 N.E. 169 ST., APT. 404
CITY-ST-ZIP N. MIAMI FL 33162 ☐ Delete

TITLE DS
NAME REGN, MARYLA
STREET ADDRESS 17021 N. BAY ROAD, APT. 519
CITY-ST-ZIP N. MIAMI BEACH, FL 33160 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

KLUCZ, JERZY

(305) 945-6251 4/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #