

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707075

**FILED**  
**Feb 06, 2018**  
**Secretary of State**  
**CC6319832332**

**Entity Name:** MIAMI OBEDIENCE CLUB INC

**Current Principal Place of Business:**

TROPICAL PARK  
7900 SW 40 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

PO BOX 557189  
MIAMI, FL 33255-7189 US

**FEI Number:** 23-7125622

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIEB, MICHAEL  
7621 SW 176 ST  
PALMETTO BAY, FL 33157 US

*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:** MICHAEL LIEB

02/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LIEB, PATRICE  
Address 7621 SW 176 ST  
City-State-Zip: PALMETTO BAY FL 33157

Title VD  
Name TRINA, CHICVARA  
Address 15290 SW 104 ST. #418  
City-State-Zip: MIAMI FL 33196

Title SD  
Name CECILIA, ARMESTO  
Address 230 SPRINGS AVENUE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title SD  
Name SMITH, CINDY  
Address 16101 SW 81 AVE.  
City-State-Zip: PALMETTO BAY FL 33157

Title TD  
Name SMITH, MIKE  
Address 16101 SW 81 AVE.  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name RUSSELL, DEBORAH  
Address 9600 SW 187 ST  
City-State-Zip: MIAMI FL 33157-7864

Title DIRECTOR  
Name GRIFFITH, SHARI  
Address 10442 SW 210 TERR.  
City-State-Zip: MIAMI FL 33189

Title DIRECTOR  
Name SIDRAN, JILL  
Address 7971 SW 122 ST.  
City-State-Zip: MIAMI FL 33156

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICE LIEB

PRESIDENT

02/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ZISMAN, LAURIE  
Address        8240 SW 91 ST  
City-State-Zip: MIAMI FL 33156