

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007375

**Entity Name:** PARK OPTIMISTS MIAMI, INC.

**Current Principal Place of Business:**

2150 CORAL WAY FL 8  
CORAL GABLES, FL 33145

**Current Mailing Address:**

2150 CORAL WAY FL8  
CORAL GABLES, FL 33145 US

**FEI Number:** 47-1531863

**Certificate of Status Desired:** No

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

GLICK, JOSEPH A  
9401 S.W. 100TH STREET  
MIAMI, FL 33176 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GLICK, JOSEPH A  
Address 9401 S.W. 100TH STREET  
City-State-Zip: MIAMI, FL. FL 33176

Title TREA  
Name POLSTER, RALPH H  
Address 9110 S.W. 100 STREET  
City-State-Zip: MIAMI FL 33176

Title SECY  
Name HENNING, PATRICIA SECRETARY  
Address 650 WEST AVE  
2708  
City-State-Zip: MIAMI BEACH FL 33139

Title VICE-PRESIDENT  
Name WORSDALE, MARK V-PRES.  
Address 6750 SW 74 ST.  
City-State-Zip: SOUTH MIAMI FL 33143

Title MS.  
Name HOIRES, CAROLINA  
Address C/O NSCFF  
2150 CORAL WAY8TH FLOOR  
City-State-Zip: MIAMI FL 33145

*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:** CAROLINA HOIRES

**DIRECTOR**

**03/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date