

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0037594

04-12-2001 90010 006 ****61.25

DOCUMENT # 701712

1. Entity Name

THE POLISH AMERICAN CLUB OF MIAMI INC.

Principal Place of Business

Mailing Address

1250 NW 22ND AVE
 MIAMI FL 33125

1250 NW 22ND AVE
 MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0670493

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HOLDEN, FRANCIS E JR.
166 HIALEAH DRIVE
HIALEAH FL 33010

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	MEZYK, ROBERT	
CITY-ST-ZIP	297 POCATELLA STREET MIAMI SPRINGS FL 33166	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	AUGUSTYNIAK,	
CITY-ST-ZIP	5230 SW 99 AVENUE MIAMI FL 33165	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	GROCKI, EDWARD	
CITY-ST-ZIP	609 EUCLID AVENUE #9 MIAMI BEACH FL 33139	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	DAMBSKI, CAROLE	
CITY-ST-ZIP	7737 N KENDALL DRIVE #C-102 MIAMI FL 33156	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date Daytime Phone #

CR2E037 (10/00)