

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-24-2002 90045 028 ****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

20259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0670493

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

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

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

TITLE	P	MEZYK, ROBERT	DIR	<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		297 POBATELLA STREET	9808 SW 1CT	
CITY-ST-ZIP		MIAMI SPRING FL 33108	CORAL SPRING FL 33071	
TITLE	D	AUGUSTYNIAK,	DIR	<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		5230 SW 99 AVENUE		
CITY-ST-ZIP		MIAMI FL 33165		
TITLE	D	GROCKI, EDWARD	DIR	<input checked="" type="checkbox"/> Delete
NAME				
STREET ADDRESS		609 EUCLID AVENUE #9		
CITY-ST-ZIP		MIAMI BEACH FL 33139		
TITLE	D	DAMBSKI, CAROLE	DIR	<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		3530 WASHINGTON ST		
CITY-ST-ZIP		7707 N KENDALL DRIVE #6-102		
		MIAMI FL 33186	Holly Wood FL 33021	
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

3/8/02 (Box) 635-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)