

**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



DO NOT WRITE IN THIS SPACE

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	DIT	<input type="checkbox"/> Delete
NAME	MEZYK, ROBERT		
STREET ADDRESS	297 POGATELLA STREET	9808 SW 1CT	
CITY-ST-ZIP	MIAMI SPRINGO FL 33168	CORAL SPRINGS FL 33071	
TITLE	D	DIT	<input type="checkbox"/> Delete
NAME	AUGUSTYNIAK,		
STREET ADDRESS	5230 SW 99 AVENUE		
CITY-ST-ZIP	MIAMI FL 33165		
TITLE	D	DIT	<input checked="" type="checkbox"/> Delete
NAME	GROCKI, EDWARD		
STREET ADDRESS	609 EUCLID AVENUE #9		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE	D	DIT	<input type="checkbox"/> Delete
NAME	DAMBSKI, CAROLE	3550 WASHINGTON ST	
STREET ADDRESS	7707 N KENDALL DRIVE #G-102		
CITY-ST-ZIP	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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (Box) 635-2240  
 Date Daytime Phone #

CR2E037 (9/01)