

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704167

1. Entity Name

OPA-LOCKA WOMAN'S CLUB, INC.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90066 030 ****61.25

Principal Place of Business

481 SHARAZAD BLVD.
OPA LOCKA FL 33054

Mailing Address

C/O MARY VANDERLAAN
2970 N.W. 164TH STREET
OPA LOCKA FL 33054
US

2. Principal Place of Business

OPA-LOCKA WOMAN'S CLUB

3. Mailing Address

MS. MARY VANDERLAAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

481 SHARAZAD BLVD.

2970 N.W. 164TH STREET

City & State

City & State

OPA-LOCKA, FL.

OPA-LOCKA, FL.

Zip

Country

Zip

Country

33054

MIAMI-DADE

33054

MIAMI-DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDERLAAN, MARY C
2970 NW 164TH STREET
OPA LOCKA FL 33054

Name

SAME

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MOZYSKI, CECELIA
STREET ADDRESS 927 145TH ST NE
CITY-ST-ZIP MIAMI FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME VANDERLAAN, MARY C.
STREET ADDRESS 2970 NW 164TH STREET
CITY-ST-ZIP OPA LOCKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TD
NAME MUNK-MADSEN, MAXINE
STREET ADDRESS 6765 AZALEA DR
CITY-ST-ZIP MIRAMAR FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME BATSON, KATHERINE
STREET ADDRESS 2910 N W 165TH STREET
CITY-ST-ZIP OPA-LOCK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D, CS
NAME GUNDERSON, HOLLIE R.
STREET ADDRESS 2970 NW 164TH ST
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE D, AND CS
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE CS
NAME WILCOX, CEOLA
STREET ADDRESS 2960 N.W. 164 STREET
CITY-ST-ZIP OPA LOCKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: MARYCELA VANDERLAAN Mary C. Vanderlaan 3056213147

CR2E037 (9/01)