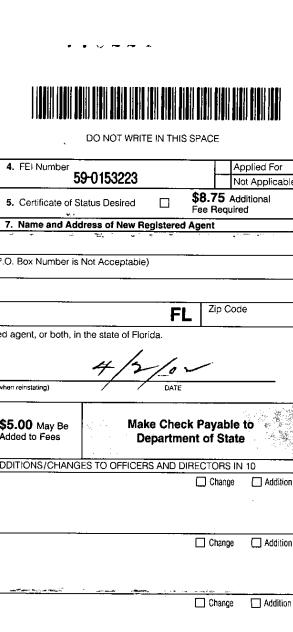
## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 704429** 1. Entity Name OPTIMIST CLUB OF NORTH SHORE MIAM! BEACH Principal Place of Business Mailing Address 416 WEST SAN MARINO DRIVE 416 WEST SAN MARINO DRIVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

## FILED Apr 21, 2002 8:00 am § Secretary of State 04-21-2002 90891 027 \*\*\*\*61.25



						<b>a</b> ith <b>ara</b> nk <b>ara</b> na arang ka	ani anani anan anan anan an	PH BIBIL IRBI	
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4. FEi Number	5 <del>9-</del> 0153223	<del>  -   -</del>	pplied For		
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired		□ \$8.75 Ad	lditional	
	S-latered America				Fee Required				
<del></del>	6. Name and Address of Current	- cac -	Name	7. Name and Address of New Registered Agent					
PARDO, JOSEPH				Street Address (P.O. Box Number is Not Acceptable)					
416 WEST SAN MARINO DRIVE									
MIAMI BEACH FL 33139 ,									
	/		/	City			FL Zip Coo	de	
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.									
1/0- //									
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation)  DATE									
Signature, typed or punied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Company of the punished name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
	* //	·			-			""	
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Con					<b>\$5.00</b> May Be		e Check Payable		
		, ilust Fuliq	Contribut	ion.	Added to Fees	De	partment of State	e ******	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	SES TO DEFICE DE	S AND DIRECTORS IN	1.10	
TITLE	PD C Delete			E	ADDITIONO/CHANC	JES TO OFFICENS	Change	Addition	
NAME	KARANGOEIZ, BRETT			F			C) cliange	Addition	
STREET ADDRESS	ss 310 XXXXXXXXXXXXX 9881 E. Bay Harbour Dr			ET ADDRESS	RESS				
CITY-ST-ZIP	MANAGER PROPERTY Bay Horbour, 1, 33154		CITY	-ST-ZIP					
TITLE	Delete		TITLE				☐ Change	☐ Addition	
NAME	KAUFMAN, BUDDY		NAM	E					
STREET ADDRESS	1001 SOUTH SHORE DRIVE		STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI-BEACH-FL 33141		CITY	-ST-ZIP	man was a second	·			
TITLE			TITLE	<u>:</u>	- <del></del>		☐ Change	☐ Addition	
NAME	JOHN DEBLASIO		NAM	E					
STREET ADDRESS	2000 TOWER SIDE TERR., APT 1	611		ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		CITY	-ST-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TITLE	ASD IOCEDIA	☐ Delete	TITLE	ľ			☐ Change	☐ Addition	
NAME STREET ADDRESS	PARDO, JOSEPH 416 W. SAN MARINO DR.		NAM	1				,	
City-St-Zip	MIAMI BEACH FL 33239			ET ADDRESS - ST-ZIP				ĺ	
	D DEACH FE 33239		_	<del></del>					
TITLE NAME	GRAHAM, MURRAY	☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS	1000 QUASIDE TERR #1604			ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33138			-ST-ZIP				}	
THE INBE	KG, LARRY S/T D	□ Delete	TITLE		<del></del>	-	Chapas	Addition	
NAME	850 W. 43 Court	L Delete	NAME	ľ			☐ Change	Addition	
STREET ADDRESS	Miami Beach, F1, 3	3140		ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
12. Thereby o	certify that the information supplied with	this filing does not qualify for	r the ever	notion stated in	Section 119 07(3)(i) El	orida Statutae, I fu	ethor portify that the in	formation	

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 flustee 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:**