

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 SEP 23 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704429 1. Entity Name OPTIMIST CLUB OF NORTH SHORE MIAMI BEACH			
Principal Place of Business 416 WEST SAN MARINO DRIVE MIAMI BEACH, FL 33139 US		Mailing Address 416 WEST SAN MARINO DRIVE MIAMI BEACH, FL 33139 US	
2. Principal Place of Business % LARRY WEINBERG Suite Apt. #, etc. 850 W 43 CT City & State MIAMI BEACH, FL Zip 33140 Country US		3. Mailing Address % LARRY WEINBERG Suite Apt. #, etc. 850 W 43 CT City & State MIAMI BEACH, FL Zip 33140 Country US	
4. FEI Number 59-0153223		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARDO, JOSEPH 416 WEST SAN MARINO DRIVE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name LARRY WEINBERG Street Address (P.O. Box Number is Not Acceptable) 850 W. 43 CT City MIAMI BEACH, FL Zip Code 33140	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE LARRY WEINBERG <i>Larry Weinberg</i> 9/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LAZAGA, MAX STREET ADDRESS 243 POINCHINA IS DRIVE CITY-ST-ZIP SUNNY ISLE BEACH, FL 32160	<input type="checkbox"/> Delete	TITLE PD NAME LAZAGA, MAX STREET ADDRESS 243 POINCHINA ISLAND DR CITY-ST-ZIP SUNNY ISLANDS BEACH, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KAUFMAN, BUDDY STREET ADDRESS 1001 SOUTH SHORE DRIVE CITY-ST-ZIP MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE D NAME PLATT, CARL STREET ADDRESS 9180 W. BAY HARBOR DR, #5C CITY-ST-ZIP BAY HARBOR, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PARDO, JOSEPH STREET ADDRESS 416 W SAN MARINO DRIVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE D NAME MARKER, HAROLD STREET ADDRESS 7600 SW 112 ST CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASD NAME PARDO, JOSEPH STREET ADDRESS 416 W. SAN MARINO DR. CITY-ST-ZIP MIAMI BEACH, FL 33239	<input checked="" type="checkbox"/> Delete	900059900819 09/23/05--01051--009 ***61.25	
TITLE D NAME GRAHAM, MURRAY STREET ADDRESS 1000 QUASIDE TERR #1604 CITY-ST-ZIP MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE D NAME GRAHAM, MURRAY STREET ADDRESS 1000 QUAYSIDE TERR #1604 CITY-ST-ZIP MIAMI, FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME WEINBERG, LARRY STREET ADDRESS 850 W. 43 COURT CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE STD NAME WEINBERG, LARRY STREET ADDRESS 850 W 43 CT CITY-ST-ZIP MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Larry Weinberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/20/05 305 538 7183 <small>Date Daytime Phone #</small>	