

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 SEP 24 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707075

1. Entity Name

Miami Obedience Club, Inc.

DO NOT WRITE IN THIS SPACE

800008024238--3

-09/25/02--01080--021

****253.75 ****253.75

2. Principal Place of Business

Tropical Park

Suite, Apt. #, etc.

7900 Bird Road

City & State
Miami, Florida

3. Mailing Address

5363 La Gorce Drive

Suite, Apt. #, etc.

City & State
Miami Beach, Florida

4. FEI Number 23-7125622

Applied For

Not Applicable

Zip
33172

Country
USA

Zip
33140

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Pat Kopco

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

5363 La Gorce Drive

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.

SIGNATURE

PAT KOPCO - PRESIDENT

Pat Kopco

09/19/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Pat Kopco (P/D)
5363 La Gorce Drive
Miami Beach, FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Randy Reed (V/D)
1142 NE 91st Street
Miami, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Cory Gacusana (S/D)
2385 Coral Way
Miami, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Erin Leff (S/D)
7725 Highlands Circle
Margate, FL 33063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Nancy Atkins (T/D)
12703 SW 94th Place
Miami, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Deborah Russell (D)
9600 SW 187th Street
Miami, FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pat Kopco

PAT KOPCO - PRESIDENT

09/19/02

305-866-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)