

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90176 024 ****70.00

DOCUMENT # 707075

1. Entity Name

MIAMI OBEDIENCE CLUB INC



Principal Place of Business

**TROPICAL PARK
7900 BIRD RD.
MIAMI FL 33172
US**

Mailing Address

**5363 LA GROCE DRIVE - INCORRECT SPELLING
MIAMI BEACH FL 33140 -
US**

2. Principal Place of Business

3. Mailing Address

5363 LA GORCE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI BEACH, FL

4. FEI Number **23-7125622**

Applied For

Not Applicable

Zip

Country

Zip
33140

Country
USA

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

**KOPCO, PAT
5363 LA GRACE DRIVE - INCORRECT SPELLING
MIAMI BEACH FL 33140**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pat Kopco

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

(NOTE: Registered Agent signature required when reinstating)

04-08-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **KOPCO, PAT**
STREET ADDRESS **5363 LA GORCE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **PD** ☐ Change ☐ Addition
NAME **KOPCO, PAT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **REED, RANDY**
STREET ADDRESS **1142 NE 91 ST STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VD** ☒ Change ☐ Addition
NAME **ERIN LEFF**
STREET ADDRESS **7725 HIGHLANDS CIRCLE**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **SD** ☐ Delete
NAME **GACUSANA, CORY**
STREET ADDRESS **2385 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **SD** ☒ Change ☐ Addition
NAME **SHERRY SIMON**
STREET ADDRESS **16701 SW 84TH ST.**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **SD** ☐ Delete
NAME **LEFF, ERIN**
STREET ADDRESS **7725 HIGHLANDS CIRCLE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **SD** ☒ Change ☐ Addition
NAME **LYNN PROE**
STREET ADDRESS **2550 SW 21ST ST.**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **TD** ☐ Delete
NAME **ATKINS, NANCY**
STREET ADDRESS **12703 SW 94TH PLACE**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete
NAME **RUSSELL, DEBORAH**
STREET ADDRESS **9600 SW 187TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Change ☐ Addition
NAME **CAROL ANN KLEIN**
STREET ADDRESS **534 NE 94TH ST**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

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:

Pat Kopco REPAT KOPCO-ED

04-08-03

305-577-0090

CR2E037 (10/02)

Attachment

80077477
707075

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D PETER LIU 12771 SW 147TH ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D JACKIE KURZBAN 1520 NW 8TH ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D TRINA CHICVERA 8371 SW 35TH TERR. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition