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

Mailing Address

3. Mailing Address

City & State

Zip

US

4105 PONCE DE LEON BLVD

CORAL GALBES FL 33146

Suite, Apt. #, etc.

DOCUMENT # 710156

Country

1. Entity Name

US

Principal Place of Business

4105 PONCE DE LEON BLVD **CORAL GABLES FL 33146**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

PROGRESS CLUB OF MIAMI, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90037 041 ****61.25

41111114257

30003501										
	CHECK HERE IF	MAKING C	HANGES							
4. FEI Number 50		Applied For Not Applicable								
5. Certificate of Status Desired Sa.75 Additional Fee Required										
7. Name and Address of New Registered Agent										
,										
P.O. Box Number is N	lot Acceptable)			,						
		FL	Zip Cod	е						
ed agent, or both, in	the State of Flori	da. I am far	niliar with,	and accept						
itecture 1/2/03 when reinstating) DATE										
\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State									
ADDITIONS/CHANGI	ES TO OFFICER	S AND DIRE	CTORS IN	مر 10 ا						
D WIE HAY	es.	_	☐ Change	Addition						

6. Name and Address of Current Registered Agent		1	7. Name and Address of New Registered Agent							
ARCIA, JULIE A - 4105 PONCE DE LEON BLVD			Name	Name						
			Street A	Street Address (P.O. Box Number is Not Acceptable)						
				` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
STE 203										
CORAL GABLES FL 33146		City			Zip Cod	le				
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.										
the conganities of registered agent.										
SIGNATURE MILES (KLCuer EXECUTIVE DIRECTOR 1/2/03										
SIGNATURE Signature virial 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 Campa	aign Financing	\$5.00 May Be	Make Che	ck Payable	to			
'	Trust Fund Contribu		tribution.	Added to Fees	Florida Dep	artment of	State			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND					
TITLE NAME	MCKEY, LUCILLE	Delete	TITLE NAME		PS	☐ Change	Addition			
	4105 PONCE DE LEON BLVD, STE 203		STREET ADDRESS	LONNIE HAY	Le Leon	Bud. S	ite ZU3			
CITY-ST-ZIP	CORAL GALBES FL 33146		CITY-ST-ZIP	CoralCal	S 2	244	}			
TITLE	TD	☐ Delete	TITLE	20,000,000		☐ Change	Addition			
NAME	ASHWORTH, JUDI	La Dolotto	NAME							
STREET ADDRESS	4105 PONCE DE LEON BLVD, STE 203		STREET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP							
TITLE =	VPD	Delete	TITLE	1PD _		☐ Change	Addition			
NAME	ANDERSON, TOD		NAME	DANIEL TAS	KLOTTI	- (
	4105 PONCE DE LEON BLVD STE 203		STREET ADDRESS	4105 Porce	de Leon	, Blud	co€ ⁴			
CITY-ST-ZIP	MIAMI FL 33146		CITY-ST-ZIP	Coral Can	ws FL 3	3446				
TITLE		☐ Delete	TITLE		_	Change	☐ Addition			
NAME STREET ADDRESS		ĺ	NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME		□ Delote	NAME							
STREET ADDRESS			STREET ADDRESS				\			
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
12. Thereby of	certify that the information supplied with this filing	does not qualify for th	e exemption sta	ted in Section 119.07(3)(i), Flo	orida Statutes I further o	certify that the in	nformation			

Country

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: