

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90022 022 \*\*\*\*61.25

**DOCUMENT # 713622**

1. Entity Name

**THE OPTIMIST CLUB OF MIRAMAR, INC.**

Principal Place of Business

Mailing Address

6040 S.W. 23RD STREET  
 MIRAMAR FL 33023

6040 S.W. 23RD STREET  
 MIRAMAR FLA 33023-2965

2. Principal Place of Business

3. Mailing Address

**18160 N.W. 68 AVE #112**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#112**

City & State

City & State

**MIAMI, FL.**

Zip

Country

Zip

Country

**33015**

4. FEI Number

**59-6207991**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRENS, MARINO**  
**18160 NW 68 AVE. STE. 112**  
**MIAMI FL 33015**

Name

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

City

**FL**

Zip Code

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

*[Signature]* **MARINO TORRENS**

Signature, typed 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 Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERRER, CHRIS	
STREET ADDRESS	4055 SW 69 LANE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARROYO, DAVID	
STREET ADDRESS	4131 OPEN WAY	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALONSO, JORGE	
STREET ADDRESS	7729 GRANDVIEW BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TORRENS, MARINO	
STREET ADDRESS	18160 NW 68 AVE. #112	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARROYO, ANGEL	
STREET ADDRESS	19122 NW 12 CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERRER, DEBBIE	
STREET ADDRESS	4055 SW 69 LANE	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN VERA	
STREET ADDRESS	2041 S.W. 67 AVE	
CITY-ST-ZIP	MIRAMAR, FL. 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clemishaw, Thomas	
STREET ADDRESS	1843 SW 173 AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	

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:

*[Signature]* **MARINO TORRENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-545-1015**  
**805-87-4746**

CR2E037 (9/99)