

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90011 032 \*\*\*\*61.25

**DOCUMENT # 719701**

1. Entity Name

**SOKOL MIAMI, EDUCATIONAL AND PHYSICAL CULTURE OR**

Principal Place of Business

Mailing Address

13325 ARCH CREEK RD  
N. MIAMI FL 33181  
US2036 SHARON ST  
BOCA RATON FL 33486-3135  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**MIAMI, FL**

Zip

Country

Zip

Country

**33168****USA**

4. FEI Number

**59-6507340**

Applied For

Not Applicable

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

STURDIK, LILLIAN B  
2036 SHARON ST  
BOCA RATON FL 33486

Name

**MILDRED VOREL**

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

**13331 N.W. 1<sup>ST</sup> AVE.**

City

**MIAMI****FL**Zip Code  
**33168**

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

**LILLIAN B. STURDIK****FEB. 9, 2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	P. RUZICKA, EMILIE M. 1225 NE 124TH ST APT 20C N. MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MILDRED URBAN</b> <b>1350 N.E. 191<sup>ST</sup> #307B</b> <b>No. MIAMI BEACH, FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZRALY, BLANCHE 532 BRIARWOOD HOLLYWOOD FL	<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	D STURDIK, LILLIAN B 2036 SHARON ST BOCA RATON FL	<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	VD HERTL, JOHN 1629 W 62ND ST HIALEAH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. MILDRED VOREL</b> <b>13331 N.W. 1<sup>ST</sup> AVE.</b> <b>MIAMI, FL 33168</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, JITKA 1401 NE 191 ST #201 N MIAMI BEACH FL	<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	D SZITA, BLANCH 20100 W. COUNTRY CLUB DR. #204 AVENTURA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

**LILLIAN B. STURDIK****FEB. 9, 2000 1-561-368-7547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

March 6, 2000 - (305)  
605-5206