

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State
 05-21-2000 90002 032 ****61.25

DOCUMENT # 730854

1. Entity Name

THE GERMAN SHEPHERD DOG CLUB OF GREATER MIAMI, I

Principal Place of Business

Mailing Address

14120 SW 24TH ST
 DAVIE FL 33325
 US

14120 SW 24TH ST
 DAVIE FL 33325-5031
 US

2. Principal Place of Business

14120 S.W. 24 St
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL 33325

City & State

Same

4. FEI Number

59-1635085

Applied For

Not Applicable

Zip

33325

Country

BAward

Zip

Same

Country

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

Name

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

City

FL

Zip Code

CORNELIUS, SHARON
 14120 SW 24TH ST
 DAVIE FL 33325

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	P	<input type="checkbox"/> Delete
NAME	CORNELIUS, SHARON	
STREET ADDRESS	14120 SW 24 STREET	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPO, MANNY	
STREET ADDRESS	10750 SW 119TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORNELIUS, SHARON	
STREET ADDRESS	14120 SW 24TH ST	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CORNELIUS, SHARON	
STREET ADDRESS	14120 SW 24TH ST	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISALGUE, KAREN	
STREET ADDRESS	10501 SW 99TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, KATHY	
STREET ADDRESS	8875 SW 110TH ST	
CITY-ST-ZIP	N MIAMI FL 33176	

TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Levenson	
STREET ADDRESS	6001 S.W. 108 St.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Levenson	
STREET ADDRESS	6001 S.W. 108 St.	
CITY-ST-ZIP	MIAMI, FL 33156	

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 689, 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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON CORNELIUS
 14120 S.W. 24 ST.
 DAVIE, FL 33325

4-26-00 (954)
 476-7061

CR2E037 (9/99)