

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 735149

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: OPTIMIST CLUB OF MIAMI SPRINGS, FLORIDA, INC.

**Current Principal Place of Business:**

1101 WREN AVENUE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

1171 SWAN AVE  
MIAMI, FL 33166

**New Mailing Address:**

PO BOX 66-0071  
MIAMI SPRINGS, FL 33266

FEI Number: 59-6155179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RINEHART, CLARK P  
1171 SWAN AVE  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

LOB, GEORGE V  
860 PLOVER AVE  
MIAMI SPRINGS, FL 33166 US

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: GEORGE V. LOB

04/29/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BITHORN, KARL  
Address: 6685 N.W. 40TH ST  
City-St-Zip: MIAMI, FL 33166

Title: VPD ( ) Delete  
Name: RINEHART, CLARK P  
Address: 1171 SWAN AVE  
City-St-Zip: MIAMI, FL 33166

Title: PD ( ) Delete  
Name: LOB, GEORGE  
Address: 860 PLOVER AVE  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: ROJAI, JAIME  
Address: 7797 W 29 LN #107  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BITHORN, KARL  
Address: 6685 N.W. 40TH ST  
City-St-Zip: MIAMI, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ROJAS, JAIME  
Address: 7797 W 29 LN #107  
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE V. LOB

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date