

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am,**  
**Secretary of State**

05-18-2001 91237 015 \*\*\*\*61.25

**DOCUMENT # 750538**

1. Entity Name

**COLLIE CLUB OF GREATER MIAMI, INC.**

Principal Place of Business

**4160 NORTHWEST 13 AVENUE  
 FT LAUDERDALE FL 33309  
 US**

Mailing Address

**4160 NORTHWEST 13 AVENUE  
 FT LAUDERDALE FL 33309  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0053795**

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

**WYROBECK, MARCIE  
 4160 NORTHWEST 13 AVENUE  
 FT LAUDERDALE FL 33309**

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, 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 **ST** ☐ Delete  
 NAME **COMPARATO, NANCY**  
 STREET ADDRESS **1127 SW 149 LANE**  
 CITY-ST-ZIP **SUNRISE FL 33326**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☐ Delete  
 NAME **BOSSART, CINDI**  
 STREET ADDRESS **1630 E OAKLAND PARK BLVD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TT** ☐ Delete  
 NAME **EFRON, JAMES**  
 STREET ADDRESS **1630 E. OAKLAND PARK BLVD.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **WYROBECK MARCIE**  
 STREET ADDRESS **4160 NW 13TH AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **PEREZ-CASTRO, JOSEFINA**  
 STREET ADDRESS **8645 S.W. 132 COURT**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **STERNBACH, FELICIA**  
 STREET ADDRESS **11131 S.W. 69 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]* **REQUIRED**

*4/28/01*

*954 561-8777*

CR2E037 (10/00)