

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90099 047 ****61.25

DOCUMENT # 756885

1. Entity Name

OLYMPUS SOCIAL CLUB, INCORPORATED

Principal Place of Business

Mailing Address

600 THREE ISLANDS BLVD.
 HALLANDALE FL 33009

600 THREE ISLANDS BLVD.
 HALLANDALE FL 33009-2888

2. Principal Place of Business

3. Mailing Address

*2500 PARKVIEW DR HALLANDALE FL.
 33009*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1877215

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

~~LEE KLOIN
 600 3 ISLANDS BLVD
 HALLANDALE FL 33009~~

*JOSEPH NEBBIA
 2500 PARKVIEW DR
 HALLANDALE FL.
 33009*

Name

SAME

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

Joseph Nebbia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/00

**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 Delete
 NAME **PD NEBBIA, JOSEPH**
 STREET ADDRESS **2500 PARKVIEW DR.**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T LESSER, GERTRUDE**
 STREET ADDRESS **2500 PARKVIEW DRIVE**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S RUBIN, GERTRUDE**
 STREET ADDRESS **500 THRE ISLNAD BLVD.**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME **S GLORIA LEVINE**
 STREET ADDRESS **600 3 ISLAND BLV**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Delete
 NAME **D MANN, RUTH**
 STREET ADDRESS **600 3 ISLAND BLV**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Gertrude Lesser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

Daytime Phone #

CR2E037 (9/99)