

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001125

1. Entity Name

OPTIMIST CLUB OF NORTH MIAMI BEACH, INC.

Principal Place of Business

19436 N.E. 26TH AVENUE, #84  
MIAMI FL 33180

Mailing Address

19436 N.E. 26TH AVENUE, #84  
MIAMI FL 33180

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

65-1090859

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

SINGER, ALAN  
19436 N.E. 26TH AVENUE, #84  
MIAMI FL 33180

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 D  
NAME SINGER, ALAN ☐ Delete  
STREET ADDRESS 19436 N.E. 26TH AVENUE, #84  
CITY-ST-ZIP MIAMI FL 33180

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

TITLE D  
NAME SMITH, EDWARD O ☐ Delete  
STREET ADDRESS 1584 YELLOWHEART WAY  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☒ Change ☐ Addition  
NAME SMITH EDWARD O  
STREET ADDRESS 1145 LINDEN STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE D  
NAME EGOZI, LEON ☐ Delete  
STREET ADDRESS 19495 BISCAYNE BLVD. SUITE 705  
CITY-ST-ZIP AVENTURA FL 33180

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

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, and all other like empowered.

SIGNATURE: SIGN *Alan Singer* ALAN SINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 305-933-6377  
Date Daytime Phone #

FILED  
May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90025 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)