

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90471 050 ****61.25

DOCUMENT # N01000001125

1. Entity Name
OPTIMIST CLUB OF NORTH MIAMI BEACH, INC.



Principal Place of Business
**20381 NE 30TH AVE
APT 308
MIAMI, FL 33180**

Mailing Address
**20381 NE 30TH AVE
APT 308
MIAMI, FL 33180**

54041651



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-NP

CR2E037 (10/03)

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

**SINGER, ALAN
20381 NE 30TH AVE APT 308
MIAMI, FL 33180**

7. Name and Address of New Registered Agent

Name **JACK ROSS**
Street Address (P.O. Box Number is Not Acceptable) **20381 NE 30TH AVE. APT 308**
AVENTURA, FL 33180
City **FL** Zip Code **33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jack Ross

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

(NOTE: Registered Agent signature required when reinstating)

4-22-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☐ Delete
NAME **ROSS, JACK**
STREET ADDRESS **20381 NE 30 AVE APT 308**
CITY-ST-ZIP **MIAMI, FL 33180**

TITLE **D** ☐ Delete
NAME **GOLDENBERG, BRIAN**
STREET ADDRESS **19495 BISCAYNE BLVD STE 705**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **GOLDENBERG, ROBERT**
STREET ADDRESS **3208 SW 15TH AVE.**
CITY-ST-ZIP **MIRAMAR, FL 33029**

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

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

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

TITLE ☐ Change ☐ Addition
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:

Jack Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

305 932-6437

Daytime Phone #