

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90770 014 ****61.25

DOCUMENT # NO1000001125

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

20381 N.E. 30th AVE

3. Mailing Address

20381 NE 30th AVE

Suite, Apt. #, etc.

APT 308

Suite, Apt. #, etc.

APT 308

City & State

AVENTURA FLORIDA

City & State

AVENTURA FLORIDA

Zip

33180

Country

USA

Zip

33180

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

19436 N.E. 26TH AVENUE, #84
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

City

AVENTURA

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 **JACK ROSS**

4-26-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGER, ALAN	
STREET ADDRESS	19436 N.E. 26TH AVENUE, #84	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, EDWARD O	
STREET ADDRESS	1145 LINDEN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGOZI, LEON	
STREET ADDRESS	19495 BISCAYNE BLVD. SUITE 705	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK ROSS	
STREET ADDRESS	20381 N.E. 30th AVE, APT 308	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN GOLDENBERG	
STREET ADDRESS	19495 BISCAYNE BLVD. SUITE 705	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **JACK ROSS**

4-26-03 305-932-6437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)