

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90084 026 *****61.25

DOCUMENT # N01305

1. Entity Name

N.M.B. PYTHIAN SISTERS CHARITIES, INC.

Principal Place of Business

Mailing Address

**1466 N.E. 181 STREET
NORTH MIAMI BEACH FL 33162
US****1466 N.E. 181 STREET
NORTH MIAMI BEACH FL 33162
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

23-7561959

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

**BAGLEY, LOIS O
1466 N.E. 181 STREET
NORTH MIAMI BEACH FL 33162**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	BAGLEY, LOIS O	1466 N.E. 181 STREET	NORTH MIAMI BEACH FL 33162				
VD	MARTINCAK, RENEE	9273 DICKENS AVENUE	SURFSIDE FL 33154				
SD	VITELLI, JUDITH	1080 N.E. 147 STREET	NORTH MIAMI BEACH FL 33161				
TD	DERINGER, HARRIET	12650 S.W. 6 STREET K-101	PEMBROKE PINES FL 33027				
T	EISENBERG, JACQUELIN	455 N.E. 210 CIRCLE TERRACE 18-101	NORTH MIAMI BEACH FL 33179				
T	ALBERT, FAITH	13255 S.W. 7TH COURT D 202	PEMBROKE PINES FL 33027				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)