

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90119 030 ****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

Marilyn Rogaw

4/26/02

Signature, typed or printed name of registered agent and date 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BAGLEY, LOIS O**
 CITY-ST-ZIP **1466 N.E. 181 STREET
 NORTH MIAMI BEACH FL 33162**

TITLE ☒ Change ☐ Addition
 NAME *Jean Weyd*
 STREET ADDRESS **2736 N.E. 2ND AVE**
 CITY-ST-ZIP **Pompano Beach FL 33064**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MARTINCAK, RENEE**
 CITY-ST-ZIP **9273 DICKENS AVENUE
 SURFSIDE FL 33154**

TITLE ☒ Change ☐ Addition
 NAME *Marilyn Rogaw*
 STREET ADDRESS **7403 N.W. 94th WAY**
 CITY-ST-ZIP **TAMARAC, FL 33321-2318**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **VITELLI, JUDITH**
 CITY-ST-ZIP **1080 N.E. 147 STREET
 NORTH MIAMI BEACH FL 33161**

TITLE ☒ Change ☐ Addition
 NAME *Elizabeth Pedraza*
 STREET ADDRESS **8220 SW 22nd St #204**
 CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **DERINGER, HARRIET**
 CITY-ST-ZIP **12650 S.W. 6 STREET K-101
 PEMBROKE PINES FL 33027**

TITLE ☒ Change ☐ Addition
 NAME *Marsha Weinstein*
 STREET ADDRESS **9539 Weldon Ct #404F**
 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **EISENBERG, JACQUELIN**
 CITY-ST-ZIP **455 N.E. 210 CIRCLE TERRACE 18-101
 NORTH MIAMI BEACH FL 33179**

TITLE ☒ Change ☐ Addition
 NAME *Ethel Benson*
 STREET ADDRESS **10180 N.W. 30th Ct #110**
 CITY-ST-ZIP **Sunrise, FL 33322**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ALBERT, FAITH**
 CITY-ST-ZIP **13255 S.W. 7TH COURT D 202
 PEMBROKE PINES FL 33027**

TITLE ☒ Change ☐ Addition
 NAME *Carmel Williams*
 STREET ADDRESS **9420 Sunrise Lakes Blvd 121-204**
 CITY-ST-ZIP **Sunrise, FL 33322**

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:

Marilyn Rogaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 954-726-9662

Date

Daytime Phone #

CR2E037 (9/01)