

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14395

1. Entity Name

ROTARY CLUB OF MIAMI LAKES, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90128 042 ****61.25

Principal Place of Business

15476 NW 77TH CT. #188
MIAMI LAKES FL 33016
US

Mailing Address

15476 NW 77TH CT. #188
MIAMI LAKES FL 33016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCHERMAN, PAUL I.
1840 WEST 49TH STREET
STE.510
HIALEAH FL 33012

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 PD
NAME SIMONOFF, MARTIN D
STREET ADDRESS 8564 NW 165TH TERR
CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Delete

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

TITLE VD
NAME TAYLOR, MARTIN
STREET ADDRESS 17941 SW 27TH STREET
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

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

TITLE SD
NAME KUBLER, FRANK L
STREET ADDRESS 13261 SW 54TH COURT
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

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

TITLE TD
NAME DOTEN, VALERIE ANN
STREET ADDRESS 7644 HARBOR BLVD.
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE D
NAME LIGHT, PETER A
STREET ADDRESS 13425 NW 102ND AVE
CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

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

TITLE D
NAME JOHNSTON, ROSS M
STREET ADDRESS 1000 QUAYSIDE TERR., #1412
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

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

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)