

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-13-2003 90357 007 ****61.25

DOCUMENT # N14395

1. Entity Name

ROTARY CLUB OF MIAMI LAKES, INC.

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**55004538**☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MARCUS, RICHARD S
4000 NW 30TH AVE
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

Richard Marcus

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

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 \$61.259. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMONOFF, MARTIN D	
STREET ADDRESS	8584 NW 46TH TERR	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, MARTIN	
STREET ADDRESS	17941 SW 27TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUBLER, FRANK L	
STREET ADDRESS	13261 SW 54TH COURT	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIMHAUSER, INGRID	
STREET ADDRESS	2750 W 86TH ST #115	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARON, JOHN W	
STREET ADDRESS	2270 W 78 ST	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, ROSS M	
STREET ADDRESS	1000 QUAYSIDE TERR., #1412	
CITY-ST-ZIP	MIAMI FL 33138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Marcus	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(VICE PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. BARON	
STREET ADDRESS	6870 MIAMI LAKES DR.	
CITY-ST-ZIP	MIAMI LAKES, FLA 33014	
TITLE	#3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	1450A Harris Place	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	JOHN W. BARON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6870 MIAMI LAKES DR.	
STREET ADDRESS	MIAMI LAKES, FLA 33014	
CITY-ST-ZIP	(305) 821-9411	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD MARCUS	
STREET ADDRESS	4000 NW 30TH AVE	
CITY-ST-ZIP	MIAMI FL 33142	

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 (10/02)