Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # N34560 1. Entity Name PARK LAKE WOMANS SOCIAL CLUB, INC. 02-01-2001 90103 030 ****61.25 Principal Place of Business Mailing Address 108 E LAKESHORE DR 108 E LAKESHORE DR HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0114871 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HAZELTON, LUCY 124 MARINE DRIVE HALLANDALE FL 33009 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 ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE DESIMONE, ALICE NAME NAME 427 MARINE DR STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP PD TITLE Change ☐ Addition TITLE ☐ Delete IOVINE, EDITH NAME NAMÈ **167 MARINE CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL SD Change ☐ Addition ☐ Delete TITLE TITI F FALKINER EVELYN NAME NAME . STREET ADDRESS 108 MARLINE LAKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL HAZEITON, LUCY 125 MARINELAKE Drive HALLANDALE, Fl. 33009 Delete TITLE TITLE HAZELTON, LUCY NAME STREET ADDRESS 124 MARINE DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Addition ☐ Delete TITLE TITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppowered.

SIGNATURE: