

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90109 001 \*\*\*611.25

0016778

**DOCUMENT # N94000000603**

1. Entity Name

**NEW BIRTH OPTIMIST CLUB OF NORTH MIAMI, INC.**

Principal Place of Business

**NEW BIRTH BAPTIST CHURCH  
NORTH MIAMI FL 33168**

Mailing Address

**NEW BIRTH BAPTIST CHURCH  
NORTH MIAMI FL 33168****11303**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0618358**

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

7. Name and Address of New Registered Agent

Name

Street Address (R.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**  
**After September 12, 2001, min. will be \$236.25**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SAMUEL, GREG</b>	
STREET ADDRESS	<b>8389 S W 23RD CT</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>KNOX-SHULER, PAMELA</b>	
STREET ADDRESS	<b>1510 N.W. 42ND ST./51 SW 1 AVE. MIAMI, FL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>FORD, WILLIE</b>	
STREET ADDRESS	<b>3411 N.W. 202 ST./1401 S.W. 1ST ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered.

SIGNATURE:

**Greg Samuel**

7/11/01

(954)450-8954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)