

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005569

1. Entity Name

NORTH MIAMI MARIAN LIONS CLUB, INC.

Principal Place of Business

277 NE 142ND STREET  
NORTH MIAMI FL 33161

Mailing Address

277 NE 142ND STREET  
NORTH MIAMI FL 33161

2. Principal Place of Business

4923 SW 32 way

3. Mailing Address

4923 SW 32 way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-0634048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLEMP, SANDRA E  
277 NE 142ND STREET  
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

4923 SW 32 WAY  
FT LAUDERDALE FL

City

FL

Zip Code

33312

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

*Sandra E. Slem*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/01

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

TITLE P  
NAME BEAULIEU, JOSEPH ☐ Delete  
STREET ADDRESS 2201 SW 180 AVE  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ST  
NAME SLEMP, SANDRA ☐ Delete  
STREET ADDRESS 277 NE 142ND ST  
CITY-ST-ZIP NORTH MIAMI FL

TITLE D  
NAME HUNEZ, MIKE ☐ Delete  
STREET ADDRESS 14445 NE 20TH LN  
CITY-ST-ZIP NORTH MIAMI FL

TITLE VD  
NAME POLEO, ARMANDO ☐ Delete  
STREET ADDRESS 3892 HERON RIDGE LANE  
CITY-ST-ZIP WESTON FL 33331

TITLE D  
NAME DR EDWARD GARDNER ☐ Delete  
STREET ADDRESS % COBB OPTICAL BLVD 78 NW 37TH ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Sandra E. Slem*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 305 988-1284

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE