

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90327 034 ****61.25

DOCUMENT # N95000005569

1. Entity Name

NORTH MIAMI MARIAN LIONS CLUB, INC.

Principal Place of Business

**4923 SW 32 WAY
 FORT LAUDERDALE FL 33312**

Mailing Address

**4923 SW 32 WAY
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0634048**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLEMP, SANDRA E
 4923 SW 32 WAY
 FORT LAUDERDALE FL 33312**

Name

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.

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

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **BEAULIEU, JOSEPH**
 STREET ADDRESS **2201 SW 180 AVE**
 CITY-ST-ZIP **MIRAMAR FL 33029**

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

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

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

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

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **POLEO, ARMANDO**
 STREET ADDRESS **3892 HERON Ridge Lane**
 CITY-ST-ZIP **WESTON FL 33331**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)