

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90121 008 ****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**

11011293



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0634048**

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

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

SIGNATURE

Signature of registered agent 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BEAULIEU, JOSEPH	
STREET ADDRESS	2201 SW 180 AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SLEMP, SANDRA	
STREET ADDRESS	277 NE 142ND ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNEZ, MIKE	
STREET ADDRESS	14445 NE 20TH LN	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	POLEO, ARMANDO	
STREET ADDRESS	3892 HERON RIDGE LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	DR EDWARD GARDNER	
STREET ADDRESS	% COBB OPTICAL BLVD 78 NW 37TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL NGUMOMBA	
STREET ADDRESS	7075 W. THIRD AVE	
CITY-ST-ZIP	HALEMAN FL 33304	
TITLE	SLEMP, SANDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEMP, SANDRA	
STREET ADDRESS	4923 SW 32 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
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:

Sandra Slemper

4/24/03

305 948 1284

CR2E037 (10/02)