

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002288

1. Entity Name

MIAMI GOLDEN GLADES OPTIMIST, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90004 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 552053  
 MIAMI FL 33055

POST OFFICE BOX 552053  
 MIAMI FL 33055-0053

00086474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

HOLMES, MYRON  
 2111 NW 172ND TERR  
 MIAMI FL 33056

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 SD ☐ Delete  
 NAME OFFORD, VONCIEL  
 STREET ADDRESS 16849 N.W. 18 AVE.  
 CITY-ST-ZIP MIAMI FL 33056

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

TITLE PD ☐ Delete  
 NAME HOLMES, MYRON  
 STREET ADDRESS 2211 N.W. 172 TERR.  
 CITY-ST-ZIP MIAMI FL 33056

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

TITLE VPD ☐ Delete  
 NAME CARSWELL, MAGGIE  
 STREET ADDRESS 2351 N.W. 172 TERR.  
 CITY-ST-ZIP MIAMI FL 33056

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

TITLE TT ☐ Delete  
 NAME CARSWELL, CONSTANCE  
 STREET ADDRESS 2800 N.W. 171ST STREET  
 CITY-ST-ZIP MIAMI FL 33055

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

TITLE PD ☒ Delete  
 NAME BLACK, TONY  
 STREET ADDRESS 17832 N.W. 27TH COURT  
 CITY-ST-ZIP MIAMI FL 33056

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: *Vonciel Offord* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-2000 305 623-9922

Date Daytime Phone #

CR2E037 (9/99)