

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002288

1. Entity Name

MIAMI GOLDEN GLADES OPTIMIST, INC.

Principal Place of Business

POST OFFICE BOX 552053
MIAMI FL 33055

Mailing Address

POST OFFICE BOX 552053
MIAMI FL 33055

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOLMES, MYRON
2111 NW 172ND TERR
MIAMI FL 33056

7. Name and Address of New Registered Agent

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

TITLE SD
NAME OSLEY, TRACY
STREET ADDRESS 20620 NW 28 COURT
CITY-ST-ZIP MIAMI FL 33056

TITLE PD
NAME HOLMES, MYRON
STREET ADDRESS 2111 N.W. 172 TERR.
CITY-ST-ZIP MIAMI FL 33056

TITLE VPD
NAME NIXON, NAHA
STREET ADDRESS 17221 NW 43 AVENUE
CITY-ST-ZIP MIAMI FL 33055

TITLE TD
NAME RZESZOTARSKI, LAURA
STREET ADDRESS 20525 NW 28 AVENUE
CITY-ST-ZIP OPA LOCKA FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 #

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-21-2002 91133 018 ****61.25

93245



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

CR2E037 (9/01)

(FOW)