

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

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90087 014 *****61.25

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

PO Box 173852

3. Mailing Address

PO Box 173852

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL 33017

City & State

Hialeah, FL

Zip

33017-3852

Country

USA

Zip

33017-3852

Country

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **OSLEY, TRACY**
STREET ADDRESS **20620 NW 26 COURT**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **TRACY Oslay**
STREET ADDRESS **590 NW 91st street, #3**
CITY-ST-ZIP **Miami, Florida 33150**

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

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

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

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Harriett Bethel**
STREET ADDRESS **1270 NW 176th Terrace**
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Signature of Secretary

5/16/03 3052416-1887

CR2E037 (10/02)