

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004295

Entity Name

**ONLY SOCIAL CLUB CORPORATION**

Principal Place of Business

NW 2ND AVE.  
FL 33169

Mailing Address

18170 NW 2ND AVE.  
MIAMI FL 33169-5009

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

**REUBEN**  
18170 NW 2ND AVE.  
FL 33169

4. FEI Number

65-0692400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

## OFFICERS AND DIRECTORS

D  
RENNIE, REUBEN I  
18170 NW 2ND AVE.  
MIAMI FL 33169

☐ Delete

D  
DEILEY, LLOYD  
18170 NW 2ND AVE.  
MIAMI FL 33169

☐ Delete

D  
OSBORNE, HUGH  
18170 NW 2ND AVE.  
MIAMI FL 33169

☐ Delete

☐ Delete

☐ Delete

☐ Delete

## 11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90064 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE