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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004354 (4)**

1. Corporation Name

CERBUL ROMANIAN HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

**6232 FILLMORE ST.
HOLLYWOOD FL 33024**

**6232 FILLMORE ST.
HOLLYWOOD FL 33024-7838**

2. Principal Place of Business

21 6232 FILLMORE ST.

Suite, Apt. #, etc.

22 HOLLYWOOD, FL.

City & State

23 33024

Zip

Country

25 U.S.A.

2a. Mailing Address

26 6232 FILLMORE ST.

Suite, Apt. #, etc.

27 HOLLYWOOD, FL.

City & State

28 33024

Zip

Country

30 U.S.A.

3. Date Incorporated or Qualified

08/19/1996

3a. Date of Last Report

4. FEI Number

650203251

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLOFSKY, DAVID N
C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** **PRESIDENT** ☐ DELETE
NAME **MIRCEA RASA**
STREET ADDRESS **501 ORTON AVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33304**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** **SECRETARY** ☐ DELETE
NAME **JONICE PERENC**
STREET ADDRESS **3470 N. W. 21 ST.**
CITY-ST-ZIP **COCKAT CREEK, FL. 33066**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** **TREASURER** ☐ DELETE
NAME **PAVEL SELDAN**
STREET ADDRESS **1912 JEFFERSON ST.**
CITY-ST-ZIP **HOLLYWOOD, FL. 33020**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Mircea RASA** 3-2-1997 (954) 565-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023703

CR2E037 (9/96)