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FILED
Aug 02, 2001 8:00 am
Secretary of State

05-11-2001 90131 019 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004354

1. Entity Name
CERBUL ROMANIAN HUNTING CLUB INC.

Principal Place of Business	Mailing Address
HOLY CROSS ROMANIAN CHURCH	6232 FILLMORE ST HOLLYWOOD FL 32024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0203251 ☐ 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
MARIN MAGDA 1911 NORTH 44 AVE HOLLYWOOD FL 33021	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] 4-20-01
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 D NAME PAVEL PRESIDENT SEKOSKI STREET ADDRESS 1912 Jefferson St CITY-ST-ZIP Hollywood FL 33020 ☐ Delete	TITLE T NAME AUDITOR CRACIUN SPARIOSU STREET ADDRESS 1720-HARRISON jas ST. 33020 CITY-ST-ZIP APT. 15-F. HOLLYWOOD ☐ Change ☐ Addition
TITLE D NAME VICE PRESEDINTE FLORIN FLUS STREET ADDRESS 901 NE 14 AVE # 101 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME SECRETARY JOHN MARTA STREET ADDRESS 1328 WILEY ST CITY-ST-ZIP HOLLYWOOD 33019 FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME CASIER FLORIN BUCU STREET ADDRESS 13215 80TH H CITY-ST-ZIP WEST PLM BCH 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME AUDITOR PETRE OSCLEAN STREET ADDRESS 11911 N.W 35TH PLACE CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME AUDITOR MIRCEA RASA STREET ADDRESS 501 ORTON AVE CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (11/00)

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] JOHN MARTA July 19-2001 954 558 9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #