

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004354

1. Entity Name

CERBUL ROMANIAN HUNTING CLUB, INC.

Principal Place of Business

6232 FILLMORE ST.
HOLLYWOOD FL 33024

Mailing Address

6232 FILLMORE ST.
HOLLYWOOD FL 33024
US

2. Principal Place of Business

3. Mailing Address

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

MAGOA, MARIN
1911 N 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

Marin Magoa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-02

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 NAME S
NAME MARTA, JOHN ☐ Delete
STREET ADDRESS 1328 OUTLEY STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE NAME PD
NAME SEKOSAN, PAVEL ☐ Delete
STREET ADDRESS 1912 JEFFERSON ST
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE NAME VPD
NAME FLUS, FLORIN ☐ Delete
STREET ADDRESS 901 NORTHEAST 14TH AVENUE #101
CITY-ST-ZIP HALLANDALE FL 33009

TITLE NAME CD
NAME BUCU, FLORIN ☐ Delete
STREET ADDRESS 13215 30TH
CITY-ST-ZIP WEST PALM BEACH FL 33012

TITLE NAME TS
NAME DICLEAN, PETRE ☐ Delete
STREET ADDRESS 11411 NORTHWEST 35TH PLACE
CITY-ST-ZIP SUNRISE FL 33323

TITLE NAME TA
NAME RASA, MIRCEA ☐ Delete
STREET ADDRESS 501 ORTON AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 of JOHN MARTA

2/15/02

959 977 6048

0017418

CR2E037 (9/01)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90073 024 ****61.25



DO NOT WRITE IN THIS SPACE