

# 01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005566

LIONS ATHLETIC ORGANIZATION OF DISTRICT 35-A

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90303 002 \*\*\*\*70.00

1. Place of Business  
**Jose M. Garcia**  
**ARTHUR W. KARLICK**  
**V. 17TH AVENUE, SUITE #200**  
**L 99125-2004**  
**1555 N.W. 30th Ave**  
**Miami, FL 33125-1931**

2. Mailing Address  
**Jose M. Garcia**  
**ARTHUR W. KARLICK**  
**1555 N.W. 30th Ave**  
**1454 N.W. 17TH AVENUE, SUITE #200**  
**MIAMI FL 33125-2384**  
**Miami, FL 33125-1931**

**30th Ave**  
**33125-1931**



DO NOT WRITE IN THIS SPACE

3. Mailing Address  
Apt. #, etc.  
Suite, Apt. #, etc.  
City & State  
Country  
Zip  
Country

4. FEI Number  
**65-0997655**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ARTHUR W. KARLICK**  
**N.W. 17TH AVENUE**  
**#200**  
**FL 33125-2384**  
**Jose M. Garcia**  
**1555 N.W. 30th Ave**  
**Miami, FL 33125-1931**

7. Name and Address of New Registered Agent  
Name  
**Jose M. Garcia**  
Street Address (P.O. Box Number is Not Acceptable)  
**1555 N.W. 30 Ave.**  
City  
**Miami** FL Zip Code  
**33125-1931**

Signature of 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: **Jose M. Garcia** (NOTE: Registered Agent signature required when reinstating)  
DATE: **2/23/2001**

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
RESS	P GARCIA, JOSE M 13311 D. S.W. 88TH TERRACE MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESS	1VP GAGE, MARIE 14000 S.W. 83RD STREET MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESS	2VPD CASTRO, HENRY SR 104 S.W. 97TH COURT MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESS	3VPD GAGE, BILL 14000 S.W. 83RD STREET MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESS	S UEHLE-SMITH, ROSE M 175 S.E. 25TH ROAD, #11C MIAMI FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESS	D CASTRO, YOLANDA 104 S.W. 97TH COURT MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 stated 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.

**Jose M. Garcia** **2/23/2001**

**305-216-1052**

CR2E037 (10/00)