

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90310 005 ****61.25

DOCUMENT # N98000007180

1. Entity Name

NORTH SHORE-NOR-ISLE OPTIMIST CLUB BOYS WORK FUN

Principal Place of Business

%JOSEPH PARDO
416 W SAN MARINO DR
MIAMI BEACH FL 33139

Mailing Address

%JOSEPH PARDO
416 W SAN MARINO DR
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2543754

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PARDO, JOSEPH
416 W SAN MARINO DR
MIAMI BEACH FL 33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 ☐ Delete
NAME **PD SAKA, VICTOR**
STREET ADDRESS **310 N. SHORE DR.**
CITY-ST-ZIP **MIAMI FL 33141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D FIRESTONE, BERNARD**
STREET ADDRESS **100 AUAYSITE TERR APT #912**
CITY-ST-ZIP **MIAMI FL 33136**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D PARDO, JEOSPH**
STREET ADDRESS **PO BOX 398646**
CITY-ST-ZIP **MIAMI BEACH FL 33235**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D GRAHAM, MURRAY**
STREET ADDRESS **1000 QUASIDE TERR #1604**
CITY-ST-ZIP **MIAMI FL 33138**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D KAUFMAN, BUDDY**
STREET ADDRESS **1001 SOUTH SHORE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)