

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 SEP 23 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007180 1. Entity Name NORTH SHORE-NOR-ISLE OPTIMIST CLUB BOYS WORK FUND, INC.			
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 %LARRY WEINBERG Suite, Apt. #, etc. 850 W 43 CT City & State MIAMI BEACH, FL Zip 33140 Country US		3. Mailing Address %LARRY WEINBERG Suite, Apt. #, etc. 850 W 43 CT City & State MIAMI BEACH, FL Zip 33140 Country US	
4. FEI Number 59-2543754		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARDO, JOSEPH 416 W SAN MARINO DR MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name LARRY WEINBERG Street Address (P.O. Box Number is Not Acceptable) 850 W 43 CT City MIAMI BEACH, FL Zip Code 33140	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>LARRY WEINBERG</u> <u>Larry Weinberg</u> <u>9/20/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE PD NAME GOMEZ, BRETT STREET ADDRESS 9881 E. BAY HARBOUR DRIVE CITY-ST-ZIP MIAMI, FL 33154	☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD NAME LAZEGA, MAX STREET ADDRESS 2430 Pinecrest Dr CITY-ST-ZIP Sunnyvale, CA 94086	☒ Change ☐ Addition
TITLE D NAME PARDO, JOSEPH STREET ADDRESS PO BOX 398646 CITY-ST-ZIP MIAMI BEACH, FL 33235	☒ Delete	TITLE D NAME BLITT, CARL STREET ADDRESS 9150 W BAY HARBOR DR #5C CITY-ST-ZIP BAY HARBOR, FL 33154	☒ Change ☐ Addition
TITLE D NAME GRAHAM, MURRAY STREET ADDRESS 1000 QUASIDE TERR #1604 CITY-ST-ZIP MIAMI, FL 33138	☐ Delete	TITLE D NAME GRAHAM, MURRAY STREET ADDRESS 1000 QUASIDE TERR, #1604 CITY-ST-ZIP MIAMI, FL 33138	☐ Change ☐ Addition
TITLE D NAME KAUFMAN, BUDDY STREET ADDRESS 1001 SOUTH SHORE DRIVE CITY-ST-ZIP MIAMI BEACH, FL 33141	☒ Delete	TITLE D NAME MARMER, HAROLD STREET ADDRESS 7600 SW 112 ST CITY-ST-ZIP MIAMI, FL 33156	☒ Change ☐ Addition
TITLE STD NAME WEINBERG, LARRY STREET ADDRESS 850 W 43 COURT CITY-ST-ZIP MIAMI, FL 33140	☐ Delete	TITLE STD NAME WEINBERG, LARRY STREET ADDRESS 850 W 43 CT CITY-ST-ZIP MIAMI BEACH, FL 33140	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Larry Weinberg</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>9/20/05</u> <u>3055387183</u> Date Daytime Phone #	