

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001696

1. Entity Name

POLISH MISSION FOUNDATION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90245 021 ****61.25

Principal Place of Business

1700 SOUTH OCEAN BOULEVARD
UNIT 12D
POMPAÑO BEACH FL 33062

Mailing Address

1700 SOUTH OCEAN BOULEVARD
UNIT 12D
POMPAÑO BEACH FL 33062

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

68-0904258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name MICHAEL F. GASTON
Street Address (P.O. Box Number is Not Acceptable)
1431 So. Ocean Blvd
PALM CLUB # 56
City POMPAÑO BEACH FL Zip Code 33062

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

(NOTE: Registered Agent signature required when reinstating)

4/28/01
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GASTON, MICHAEL	
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STANIEWICZ, OLGIERD	
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JANZ, IRENE	
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL GASTON 4/28/01

CR2E037 (10/00)