NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91340 030 ****61.25

DOCUMENT # N99000006373 ✓

1. Entity Name

POLISH AMERICAN CLUB OF FORT LAUDERDALE, INC. FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
935 ROCK ISLAND RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH LAUDERDALE, FL	City & State
Zip: 33068 Country: BROWARD	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-099 2085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

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

FEE IS $61.25
Initial or Amended UBR

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	PRESIDENT
NAME	HALINA SOSNOWKA
STREET ADDRESS	5260 NE 26 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	V-CE PRES
NAME	ZYGMUNT JASTRZEBSKI
STREET ADDRESS	5006 BAYBARRY LA
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	V-CE PRESIDENT
NAME	ZENON BRUKWICKI
STREET ADDRESS	401 NE 14 AVE #401
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TREASURER
NAME	IRENE BORUCH
STREET ADDRESS	931 SW 70 WAY
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	GRACE BRUKWICKI - SECRETARY
NAME	
STREET ADDRESS	401 NE 14 AVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	STEFANIA HERMANOWSKA - MEMB. FIN. SECR.
NAME	
STREET ADDRESS	609 NW 103 AVE
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] - PRESIDENT 5.6.2002 954-202-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #