

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90643 024 \*\*\*150.00

**DOCUMENT # P96000034800**



1. Entity Name  
**THE POLISH AMERICAN CLUB OF NORTH LAUDERDALE, FL  
A., INC.**

Principal Place of Business  
**935 ROCK ISLAND ROAD  
NORTH LAUDERDALE FL 33068**

Mailing Address  
**935 ROCK ISLAND ROAD  
NORTH LAUDERDALE FL 33068**

**55038563**



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 **65-0166627**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~**BRUKWICKI, GRACE M  
935 ROCK ISLAND RD  
NORTH LAUDERDALE FL 33068**~~

Name **RUS EDWARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**8194 PALBATE DR.  
BOYTON BEACH, FL 33436**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**5-2-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

~~TITLE **VP**  
NAME **OLSZEWski, JERZY**  
STREET ADDRESS **3240 NE 16 STREET**  
CITY-ST-ZIP **POMPAHO BEACH FL 33062**~~

~~TITLE **P**  
NAME **PIENKOWSKI, TONY**  
STREET ADDRESS **6150 NW 82ND ST UNIT 310**  
CITY-ST-ZIP **FOOT LAUDERDALE FL 33319**~~

~~TITLE **Treasurer**  
NAME **BORUCH, IRENE**  
STREET ADDRESS **931 SW 709TH WAY**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**~~

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP~~

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP~~

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP~~

**PRESIDENT**  
NAME **RUS EDWARD**  
STREET ADDRESS **8194 PALBATE DR.**  
CITY-ST-ZIP **BOYTON BEACH, FL 33436**

**Vice President**  
NAME **BRUKWICKI ZENON**  
STREET ADDRESS **401 NE 14th Avenue # 401**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 607, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-2003**  
Date

Daytime Phone #

CR2E034 (10/02)