

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-25-2001 90124 021 ****61.25

DOCUMENT # N00000001026

1. Entity Name

SOUTH FLORIDA RED RIDERS, INC.

Principal Place of Business

Mailing Address

C/O THOMAS L DAVID
 1428 BRICKELL AVE 8TH FLOOR
 MIAMI FL 33131

C/O THOMAS L DAVID
 1428 BRICKELL AVE 8TH FLOOR
 MIAMI FL 33131

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

65-1031076

Applied For

Not Applicable

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

DAVID, THOMAS L
1428 BRICKELL AVE 8TH FLOOR
MIAMI FL 33131

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	DAVID, THOMAS L	3149 MARY STREET MIAMI FL 33133	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	OESTERLE, MIKE	19300 S.W. 88THH COURT MIAMI FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	FABRE, ALVARO	2950 N.W. 75TH AVE MIAMI FL 33122	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	COURIEL, JOHN	2457 COLLINS AVE APT 1501 MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	COVE, JACK	8831 S.W. 191ST STREET MIAMI FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. David, Pres
 Date *1/8/01*

305/371-6600
 Daytime Phone #

CR2E037 (10/00)