

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90133 023 ****61.25

DOCUMENT # N24563

1. Entity Name

MIAMI SPRINGS AREA LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

8033 NW 36TH ST. #438
 MIAMI FL 33166

PO BOX 661315
 MIAMI SPRINGS FL 33266

2. Principal Place of Business

3. Mailing Address

PO BOX 661315
 Suite, Apt. #, etc.
 MIAMI SPRINGS, FL

PO BOX 661315
 Suite, Apt. #, etc.
 MIAMI SPRINGS, FL

City & State

City & State

33266

33266

Zip

Country

Zip

Country

4. FEI Number

65-0103237

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, THOMAS N
 8033 NW 36TH ST. #438
 MIAMI FL 33166

Name

BAIN, SUSAN

Street Address (P.O. Box Number is Not Acceptable)

560 FALCON AVENUE

City

MIAMI SPRINGS, FL

FL

Zip Code

33166

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

Susan Bain

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-01

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	PD	<input type="checkbox"/> Delete
NAME	CURTIS, THOMAS N	
STREET ADDRESS	8033 NW 36TH ST. #438	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHAPIRO, JOHN	
STREET ADDRESS	1110 IBIS AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	T	<input type="checkbox"/> Delete
NAME	RINEHART, CLARK	
STREET ADDRESS	1171 SWAN AVE.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	COX, TIM	
STREET ADDRESS	81 HOUGH DR.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, SUSAN	
STREET ADDRESS	560 FALCON AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINEHART, CLARK	
STREET ADDRESS	1171 SWAN AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINEHART, YVONNE	
STREET ADDRESS	1171 SWAN AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, JOHN	
STREET ADDRESS	1110 IBIS AVE	
CITY-ST-ZIP	MIAMI FL 33166	
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:

Susan Bain **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01 305.887-5091

Date Daytime Phone #

CR2E037 (10/00)