

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90499 005 \*\*\*\*66.25

**DOCUMENT # N40771**

1. Entity Name

**CUBAN-AMERICAN SOFT-BALL LEAGUE, INC.**

Principal Place of Business

P. O. BOX 45-3134  
MIAMI FL 33245

Mailing Address

P. O. BOX 45-3134  
MIAMI FL 33245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0341528

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

Name

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

City

FL

Zip Code

LORENZO, JOSE MARIO  
3660 SW 16 TERRACE  
MIAMI, FL 33145

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.

(NOT: 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

TITLE	PD	
NAME	LORENZO, JOSE MARIO	
STREET ADDRESS	3660 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ZORAIDA	
STREET ADDRESS	1730 SW 104 AVE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LORENZO, MARIO J	
STREET ADDRESS	719 SOUTH 15 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, JOSE MARIO	
STREET ADDRESS	2311 SW 16 TR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZO, MAGGIE	Replace.
STREET ADDRESS	2311 SW 16 TR	
CITY-ST-ZIP	MIAMI FL 33145	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE MARIO LORENZO

5/10/01

305-9391331

CR2E037 (10/00)