

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006759

1. Entity Name

MIAMI STINGRAYS GIRLS SOFTBALL ORGANIZATION, INC

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90126 049 ****61.25

Principal Place of Business

4649 PONCE DE LEON BLVD
#304
MIAMI FL 33146
US

Mailing Address

4649 PONCE DE LEON BLVD
#304
MIAMI FL 33146-2118
US

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

65-0806676

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

EGUILIOR, MINA
10801 SW 104 AVE
MIAMI FL 33176

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
PD
REBHAN, GATOR
7537 SW 104TH PLACE
MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAVINON, ARTURO
14490 SW 71ST LANE
MIAMI FL 33183 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GUASCH, SERGIO
7537 SW 104 PLACE
MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DIAZ, PAT
11052 SW 146TH PLACE
MIAMI FL 33186 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DE LA VEGA, DANIA
4649 PONCE DE LEON BLVD #304
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
EQUILIOR, MINA
10801 SW 104 AVE
MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

CR2E037 (9/99)