

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90160 036 ****69.95

DOCUMENT # N98000005566

1. Entity Name

THE LIONS ATHLETIC ORGANIZATION OF DISTRICT 35-A, INC.

Principal Place of Business

Mailing Address

JOSE M. GANELA
1555 N.W. 30 AVE.
MIAMI FL 33125-1931

JOSE M. GANELA
1555 N.W. 30 AVE.
MIAMI FL 33125-1931

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

65-0997655

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

JOSE M. GANELA
1555 N.W. 30 AVE.
SUITE #200
MIAMI FL 33125-1931

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	P	<input type="checkbox"/> Delete
NAME	GARCIA, JOSE M	
STREET ADDRESS	13311 D. S.W. 88TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	GAGE, MARIE	
STREET ADDRESS	14000 S.W. 83RD STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	CASTRO, HENRY SR	
STREET ADDRESS	104 S.W. 97TH COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	3VPD	<input type="checkbox"/> Delete
NAME	GAGE, BILL	
STREET ADDRESS	14000 S.W. 83RD STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input type="checkbox"/> Delete
NAME	UEHLE-SMITH, ROSE M	
STREET ADDRESS	175 S.E. 25TH ROAD, #11C	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, YOLANDA	
STREET ADDRESS	104 S.W. 97TH COURT	
CITY-ST-ZIP	MIAMI FL 33176	

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		
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STREET ADDRESS		
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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:

Jose M Garcia
REQUIRED

4/29/2002 305-316-1052

CR2E037 (9/01)