

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90070 039 \*\*\*\*70.00

DOCUMENT # *N99000000318*

1. Entity Name

*VIKINGS TRACKS BOOSTER CLUB, INC. ✓*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*17121 N.W. 12th AVENUE*

3. Mailing Address

*17121 N.W. 12th AVENUE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIAMI, FLORIDA*

City & State

*MIAMI, FLORIDA*

4. FEI Number

*650903976*

Applied For

Not Applicable

Zip

*33169*

Country

Zip

*33169*

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name *ABE A. BAILEY ESQ*

Street Address (P.O. Box Number is Not Acceptable) *18350 N.W. 2nd AVENUE*

*5th FLOOR*

City *MIAMI*

FL

Zip Code

*33169*

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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	<i>P</i>	TITLE	
NAME	<i>DEANNE EDMAN</i>	NAME	
STREET ADDRESS	<i>701 N.W. 210th STREET #218</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FLORIDA 33169</i>	CITY-ST-ZIP	
TITLE	<i>VD</i>	TITLE	
NAME	<i>SHERAYLL SIMMONS</i>	NAME	
STREET ADDRESS	<i>17121 N.W. 12th AVENUE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FLORIDA 33169</i>	CITY-ST-ZIP	
TITLE	<i>TT</i>	TITLE	
NAME	<i>DORIS JOHNSON</i>	NAME	
STREET ADDRESS	<i>2031 N.W. 184th STREET</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FLORIDA 33056</i>	CITY-ST-ZIP	
TITLE	<i>SD</i>	TITLE	
NAME	<i>BAENDA MONTGOMERY</i>	NAME	
STREET ADDRESS	<i>6960 S.W. 36th STREET</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIRAMAR, FLORIDA 33023</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris P. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/02 (905) 624-6804*