

FILED

May 16, 2002 8:00 am
Secretary of State

05-16-2002 90051 035 ****61.25

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

DOCUMENT # **N99000005843**
1. Entity Name
Miami Coral Park Wrestling Booster Club, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1108 Ponce de Leon Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1108 Ponce de Leon Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL
Zip
33134
Country
USA

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Coral Gables, FL
Zip
33134
Country
USA

4. FEI Number
050952336
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Ana Fors**
Street Address (P.O. Box Number is Not Acceptable)
1108 Ponce de Leon Blvd
City **Coral Gables** FL Zip Code **33134**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**Carol Mashburn
1191 SW 65 St
Miami, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ana Fors
1108 Ponce de Leon Blvd.
Coral Gables, FL 33134**

TITLE
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CITY-ST-ZIP

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

SIGNATURE: **Ana Fors**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-29-02** Daytime Phone # **305 4485977**

CR2E037B (12/01)