

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005843

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: MIAMI CORAL PARK WRESTLING BOOSTER CLUB, INC.

**Current Principal Place of Business:**

1108 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1108 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0952336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORS, ANA  
1108 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MASHBURN, CAROL  
Address: 11191 SW 65TH ST.  
City-St-Zip: MIAMI, FL 33173

Title: VSTD ( ) Delete  
Name: FORS, ANA  
Address: 1108 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: FORS, JORGE SR  
Address: 1108 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VAZQUEZ, LEIDY  
Address: 3525 NW 2ND TERRACE  
City-St-Zip: MIAMI, FL 33125

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ROMERO, MARIA P  
Address: 3500 SW 111 AVE  
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIDY VAZQUEZ

PD

04/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date