

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90911 001 ***150.00

DOCUMENT # P97000004318
 i. Entity Name
MIAMI INTERNATIONAL SOCCER CLUB, CORP.

80094450



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 COLLINS AVENUE 2555 COLLINS AVENUE
 107 #PH 107
 BEACH FL 33140 MIAMI BEACH FL 33140-4778

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3502367**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TORNERO, CARLOS M
28 W. FLAGLER
SUITE 600
MIAMI FL 33130

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE DOINO, PAOLO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOINO, PAOLO		NAME DOINO, PAOLO	
STREET ADDRESS 2555 COLLINS AVENUE, PH107		STREET ADDRESS 2555 COLLINS AVENUE, PH107	
CITY-ST-ZIP MIAMI BEACH FL 33140		CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOINO, PAOLO		NAME	
STREET ADDRESS 2555 COLLINS AVENUE, PH107		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33140		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 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 # _____

CR2E034 (9/99)