

2000 UNIFORM BUSINESS REPORT (UBR)

2/21

DOCUMENT # 711940

1. Entity Name

CORAL GABLES-SOUTH MIAMI KHOURY LEAGUE, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

02-27-2000 90079 008 ****62.50

Principal Place of Business
6100 SW 67TH AVE
SOUTH MIAMI FL 33143
US

Mailing Address
5827 S.W. 70TH STREET
P. O. BOX 430691
SOUTH MIAMI FL 33243-0691
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-7126774

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESTER, GEORGE T JR.
3401 TOLEDO ST.
CORAL GABLES FL 33134

Name
David N. Smith

Street Address (P.O. Box Number is Not Acceptable)

5900 SW 73 Street, #300

City
So. Miami

FL Zip Code
33143

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

TITLE	S	☒ Delete
NAME	GUNTA, MARY	
STREET ADDRESS	5870 SW 31 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ Delete
NAME	GUSTAFSON, MARY PAT	
STREET ADDRESS	2100 SW 83RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ Delete
NAME	LEYTE-VIDEL, MARCO	
STREET ADDRESS	4699 SW 59TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☒ Delete
NAME	HESTER, GEORGE	
STREET ADDRESS	3401 TOLEDO ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	☒ Delete
NAME	MACNAIR, CHRISTOPHER J	
STREET ADDRESS	7237 SW 53 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10/23/00

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	PRESIDENT	
STREET ADDRESS	RAMON SORIA	
CITY-ST-ZIP	6451 SW 31 Street MIAMI FL 33155	
TITLE	D	☐ Change ☒ Addition
NAME	DAVID N. SMITH	
STREET ADDRESS	5900 SW 73 STREET, #300	
CITY-ST-ZIP	SO. MIAMI FL 33143	
TITLE	D	☐ Change ☐ Addition
NAME	PRESIDENT	
STREET ADDRESS	12450 Pine Needle Lane	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☐ Change ☒ Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	Valentin Lopez	
CITY-ST-ZIP	5701 SW 48 Street MIAMI FL 33155	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID N. SMITH / TREASURER

2/15/2000 666-9411

Date

Daytime Phone #

3/21/2000

CR2E037 (9/99)