

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90002 001 \*\*\*\*61.25

**DOCUMENT # 711940**

1. Entity Name

**CORAL GABLES-SOUTH MIAMI KHOURY LEAGUE, INC.**

Principal Place of Business

6100 SW 67TH AVE  
 SOUTH MIAMI FL 33143  
 US

Mailing Address

5927 S.W. 70TH STREET  
 P. O. BOX 430891  
 SOUTH MIAMI FL 33243-0891  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7126774

Applied For

Not Applicable

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

SMITH, DAVID N  
 5900 SW 73RD STREET # 300  
 MIAMI FL 33143

Name

**Lewis Sellars Jr.**

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

**6525 SW 61 Street**

City

**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

*David N. Smith* **DAVID N. SMITH** **5/17/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

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                      | <input checked="" type="checkbox"/> Delete |
| NAME           | GUNTA, MARY            |                                            |
| STREET ADDRESS | 5870 SW 31 STREET      |                                            |
| CITY-ST-ZIP    | MIAMI FL               |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | GUSTAFSON, MARY PAT    |                                            |
| STREET ADDRESS | 2100 SW 83RD AVE       |                                            |
| CITY-ST-ZIP    | MIAMI FL               |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | LEYTE-VIDEL, MARCO     |                                            |
| STREET ADDRESS | 4699 SW 59TH AVE       |                                            |
| CITY-ST-ZIP    | MIAMI FL               |                                            |
| TITLE          | TD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | HESTER, GEORGE         |                                            |
| STREET ADDRESS | 3401 TOLEDO ST.        |                                            |
| CITY-ST-ZIP    | CORAL GABLES FL        |                                            |
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | MACNAIR, CHRISTOPHER J |                                            |
| STREET ADDRESS | 7237 SW 53 AVE         |                                            |
| CITY-ST-ZIP    | MIAMI FL               |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                    |                                                                              |
|----------------|--------------------|------------------------------------------------------------------------------|
| TITLE          | President Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lewis Sellars Jr   |                                                                              |
| STREET ADDRESS | 6525 SW 61 Street  |                                                                              |
| CITY-ST-ZIP    | MIAMI, FL 33143    |                                                                              |
| TITLE          | Treasurer Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ramon Duenas       |                                                                              |
| STREET ADDRESS | 6525 SW 61 Street  |                                                                              |
| CITY-ST-ZIP    | MIAMI, FL 33143    |                                                                              |
| TITLE          | Director           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ramon Soria        |                                                                              |
| STREET ADDRESS | 6525 SW 61 St      |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33143     |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| 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 Block 11 if changed, or on an attachment with an address with all other officers empowered.

SIGNATURE:

*Lewis Sellars Jr* **LEWIS SELLARS JR** **5/17/01** **(321) 961-9408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

