

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 29, 2002 8:00 am**
Secretary of State

05-29-2002 90722 025 ****61.25

DOCUMENT # 711940

1. Entity Name

CORAL GABLES-SOUTH MIAMI KHOURY LEAGUE, INC.

Principal Place of Business

Mailing Address

**6100 SW 67TH AVE
SOUTH MIAMI FL 33143
US****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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELLARS, JR., LEWIS
6525 SW 61ST STREET
MIAMI FL 33143**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SELLARS, JR., LEWIS	6525 SW 61ST STREET	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	DVENAS, RAMON	6525 SW 61ST STREET	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SORIA, RAMON	6525 SW 61ST STREET	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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)

Date

Daytime Phone #

5/22/02

(305) 961-9408

CR2E037 (9/01)