

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90168 023 \*\*\*\*61.25

**DOCUMENT # 740787**

1. Entity Name  
**DEPORTIVO DE FOMENTO, INC.**

Principal Place of Business P.O. BOX 112195 HIALEAH FL 33011-2195 US	Mailing Address P.O. BOX 112195 HIALEAH FL 33011-2195 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0151779</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NODAL, PEDRO M**  
~~1840 W 56 ST #3400~~ **4655 PALM AVE. #132**  
**HIALEAH FL 33012**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEREZ, NICOLAS</b>	
STREET ADDRESS	<b>15693 NW 14ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINE FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, FELIX</b>	
STREET ADDRESS	<b>13440 SW 28 ST</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>NODAL, PEDRO M</b>	
STREET ADDRESS	<b>4655 PALM AVE APT 128</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>DELVALLE, AVILIO</b>	
STREET ADDRESS	<b>1850 W 56 ST APT 2112</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, REINERIO</b>	
STREET ADDRESS	<b>295 E 36 ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<b>4655 PALM AVE - APT 132</b>	
CITY-ST-ZIP		
TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD.</b>	<input checked="" 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 of 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: Pedro M. Nodal **PEDRO M. NODAL** **TREAS** **4/21/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #