

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2002 8:00 am**
Secretary of State

03-27-2002 90032 019 ****70.00

DOCUMENT # 755224

1. Entity Name

GREATER MIAMI POP WARNER LEAGUE, INC.

Principal Place of Business

**15810 SW 147TH AVENUE
MIAMI FL 33187
US**

Mailing Address

**6525 SW 110TH AVENUE
MIAMI FL 33173
US**

2. Principal Place of Business

3. Mailing Address

8700 SW 159 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

Country

33157

Country

DADE

4. FEI Number

59-2777084

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****PETERSON, MARK L
15810 SW 147TH AVENUE
MIAMI FL 33187****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

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERSON, MARK L	
STREET ADDRESS	15810 SW 147TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, SAM	
STREET ADDRESS	P O BOX 510354	
CITY-ST-ZIP	MIAMI FL 33151	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOWIN, FRANK	
STREET ADDRESS	8700 SW 159TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLIVE, PATRICIA	
STREET ADDRESS	6525 SW 110TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MIAMI, FL 33187	
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		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR HALL	
STREET ADDRESS	6600 N.W. 27TH AVE #101	
CITY-ST-ZIP	MIAMI, FLA. 33147	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK PETERSON

Date

3/4/02

Daytime Phone #

305-255-3375

CR2E037 (9/01)