

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

04-19-2001 90023 043 ****61.25

DOCUMENT # 759959

1. Entity Name

GREATER HOLLYWOOD SOCCER LEAGUE, INC.

Principal Place of Business

7944 INDIGO STREET
 MIRAMAR FL 33023

Mailing Address

7944 INDIGO STREET
 MIRAMAR FL 33023

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

59-2349038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, CONNIE
 7601 NW 2ND ST
 HOLLYWOOD FL 33024

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 \$61.25

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	DP	<input checked="" type="checkbox"/> Delete
NAME	MONTANEZ, JIMI	
STREET ADDRESS	7667 TROPICANA ST.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOOS, STEPHEN	
STREET ADDRESS	7944 INDIGO STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BOOS, PATRICIA	
STREET ADDRESS	7944 INDIGO STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIGGINS, CONNIE	
STREET ADDRESS	7601 NW 2ND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
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	Marino Torrens	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7834 N.W. 174 Terr.	
STREET ADDRESS	Hialeah, FL 33015	
CITY-ST-ZIP		
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		<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)(l), 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:

Connie Higgins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Higgins

3/17/01 (954) 962-0372
 Date Daytime Phone #

CF2E037 (10/00)