

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027639

1. Entity Name

South Florida Tennis Academy LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 15 AM 10:17

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Lauderdale Tennis Club

3. Mailing Address
1500 Nw 128th Drive

Suite, Apt. #, etc.
600 tennis Club Drive

Suite, Apt. #, etc.
308

City & State
Ft Lauderdale

City & State
Sunrise

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33311

Country
broward

Zip
33323

Country
Broward

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Marquina MAldonado

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

1500 Nw 128th Drive #308

City Sunrise

FL

Zip Code
33323

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

07/09/03
DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director 1
David MARquina Maldonado
1500 Nw 128th Drive #308
Sunrise FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director 2
Diego Marquina
1500 Nw 128th Drive 308
Sunrise FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David Marquina Maldonado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/09/03

Date

(954) 4654427
Daytime Phone #

CR2E083B (12/02)