

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91034 036 \*\*\*\*61.25

0028332

**DOCUMENT # N00000001554**

1. Entity Name

**THE CHAMP FOUNDATION, INC.**



Principal Place of Business

**20831 SW 240 ST  
MIAMI FL 33031**

Mailing Address

**PO BOX 720395  
MIAMI FL 33182**

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 **65-1066126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PEREZ, REINALDO  
20831 SW 240 ST  
MIAMI FL 33031**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>PEREZ, REINALDO</b>	<b>20831 SW 240 ST MIAMI FL 33031</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>DS</b>	<b>GREEN, SUE</b>	<b>201 NW 134TH COURT 8700 SW 43 ST FL 33165</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DS</b>	<b>SU GREEN</b>	<b>8700 SW 43 ST MIAMI FL 33165</b>
<input type="checkbox"/> Delete	<b>DV</b>	<b>KNOX, GREGG</b>	<b>3020 SW 16 ST MIAMI FL 33145</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>DT</b>	<b>RUIZ, THERESA</b>	<b>3840 SW 102 AVE MIAMI FL 33165</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 REQUIRED**

**REINALDO  
PEREZ**

**4/10/03 (305) 972-5890**

CR2E037 (10/02)