

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

0043834

**DOCUMENT # N00000002859**

1. Entity Name

**KILLIAN GIRL'S SOFTBALL BOOSTER CLUB, INC.**

02-19-2001 90041 011 \*\*\*\*70.00

Principal Place of Business

Mailing Address

10323 SOUTHWEST 142ND STREET  
 MIAMI FL 33176

10323 SOUTHWEST 142ND STREET  
 MIAMI FL 33176

118040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name **ARNALDO L. ABREU**

Street Address (P.O. Box Number is Not Acceptable)  
**9815 SW 138 ST.**

City **MIA**

FL

Zip Code **33176**

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 **ARNALDO L. ABREU** **ARNALDO L. ABREU PRES 1/31/01**  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ABREU, ARNALDO L**  
 CITY-ST-ZIP **10323 SOUTHWEST 142ND STREET**  
**MIAMI FL 33176**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **ORTEGA, JOSE A**  
 CITY-ST-ZIP **10323 SOUTHWEST 142ND STREET**  
**MIAMI FL 33176**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **MEDINA, MARTHA C**  
 CITY-ST-ZIP **10323 SOUTHWEST 142ND STREET**  
**MIAMI FL 33176**

TITLE ☐ Change ☐ Addition  
 NAME **SD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **ROBERTA KRESSEL**  
 STREET ADDRESS **13525 SW 103 CT**  
 CITY-ST-ZIP **MIA, FL 33176**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **ARNALDO L. ABREU**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)