

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000004040

1. Entity Name

MIAMI OUTBOARD CLUB YOUTH FOUNDATION, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90015 039 *****70.00

Principal Place of Business

Mailing Address

1099 MACARTHUR CAUSEWAY
MIAMI FL 331321099 MACARTHUR CAUSEWAY
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0927754

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLANAS, GONZALO
1099 MACARTHUR CAUSEWAY
MIAMI FL 33132

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	PLANAS, GONZALO	1099 MACARTHUR CAUSEWAY MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	GONZALEZ, JORGE	1099 MACARTHUR CAUSEWAY MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SUAREZ, JUAN	1099 MACARTHUR CAUSEWAY MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

2/22/01 305-379-3000

Date

Daytime Phone #

CR2E037 (10/00)