

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004393

1. Entity Name

METRO-DADE GUNNERS, F.C., INC.

FILED

May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90023 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12921 NW 9 LN  
MIAMI FL 33182

12921 NW 9 LN  
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

65-1027683

Applied For

Not Applicable

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

DEROSA, ADA  
12921 NW 9 LN  
MIAMI FL 33182

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NARANJO, JOSEPH  
CITY-ST-ZIP 12921 NW 9 LN  
MIAMI FL 33182

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GONZALEZ, NORBERTO A  
CITY-ST-ZIP 12921 NW 9 LN  
MIAMI FL 33182

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEROSA, MARCOS A  
CITY-ST-ZIP 12921 NW 9 LN  
MIAMI FL 33182

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

TITLE ☐ Delete  
NAME TS  
STREET ADDRESS DEROSA, ADA  
CITY-ST-ZIP 12921 NW 9 LN  
MIAMI FL 33182

TITLE ☐ Change ☒ Addition  
NAME D/C; M; T/S  
STREET ADDRESS De Rosa, Ada  
CITY-ST-ZIP 12921 NW 9 LN  
Miami, FL 33182

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

(305) 559-0303

Date

Daytime Phone #

CR2E037 (9/01)