

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90201 025 ****61.25

DOCUMENT # N00000004950

1. Entity Name
EAGLES BASEBALL BOOSTERS, INC.



Principal Place of Business

C/O JOSE BAIXAULI
7840 SW 97 ST
MIAMI FL 33156

Mailing Address

C/O MARI BAIXAULI
7840 SW 97 ST
MIAMI FL 33156

2. Principal Place of Business

c/o Ray Abreu
750 NW 126 Ct.

3. Mailing Address

c/o Silvia Diaz
9135 SW 48 Terr

Suite, Apt. #, etc.

MIAMI FLORIDA

Suite, Apt. #, etc.

MIAMI FL

City & State

Zip

MIAMI Dade

City & State

Zip

MIAMI Dade

Country

MIAMI Dade

6. Name and Address of Current Registered Agent

HARTLEY, CECELIA
9360 SW 62 ST
MIAMI FL 33173

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

TITLE **DP** ☒ Delete
NAME **BAIXAULI, JOSE**
STREET ADDRESS **7840 SW 97 ST**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DS** ☒ Delete
NAME **ANDINO, YANETTE**
STREET ADDRESS **11430 SW 59 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ Delete
NAME **SAIZ, JORGE**
STREET ADDRESS **10761 SW 61 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Ray Abreu**
STREET ADDRESS **750 NW 126 Ct.**
CITY-ST-ZIP **MIAMI FLA**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **CARIDAD A POUSO**
STREET ADDRESS **3021 S.W 117 Ct.**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **SILVIA DIAZ**
STREET ADDRESS **9135 SW 48 Terr**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
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 REQUIRED

CR2E037 (10/02)