

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007405

1. Entity Name

ENCHANTERS BOOSTER CLUB, INC.

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

02-28-2001 90089 035 ****61.25

Principal Place of Business

15255 SW 96 STREET
MIAMI FL 33196

Mailing Address

15255 SW 96 STREET
MIAMI FL 33196

00020316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1059085

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

LARA, IRIS
7601 SW 142ND AVE
MIAMI FL 33183

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 FeesMake 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 |
|-------|-----------------|--------------------|----------------|-------------------------------------|-------|-------------------|----------------|-----------------|-------------------------------------|-----------------------------------|
| PD | LARA, IRIS | 15255 SW 96 STREET | MIAMI FL 33196 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SD | BUCK, DARLENE | 15255 SW 96 STREET | MIAMI FL 33196 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | ALVAREZ, GELCYS | 15255 SW 96 STREET | MIAMI FL 33196 | <input checked="" type="checkbox"/> | | Ana Maria Alberto | 9884 SW 154 CT | MIAMI, FL 33196 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | BUCK, DARLENE | 15255 SW 96 STREET | MIAMI FL 33196 | <input checked="" 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

Date

Daytime Phone #

CR2E037 (10/00)