

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90082 016 ****61.25

DOCUMENT # N00000007405

1. Entity Name

ENCHANTERS BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

**15255 SW 96 STREET
 MIAMI FL 33196**

**15255 SW 96 STREET
 MIAMI FL 33196**

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

65-1059085

Applied For

Not Applicable

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

**LARA, IRIS
 7601 SW 142ND AVE
 MIAMI FL 33183**

Name **Iris Ruiz**
 Street Address (P.O. Box Number is Not Acceptable)
Same
 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]
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LARA, IRIS	15255 SW 96 STREET	MIAMI FL 33196	<input type="checkbox"/>
SD	BUCK, DARLENE	15255 SW 96 STREET	MIAMI FL 33196	<input checked="" type="checkbox"/>
TD	ALBERTO, ANA MARIA	9884 S W 154 CT	MIAMI FL 33196	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Iris Ruiz	Same		<input type="checkbox"/>	<input type="checkbox"/>
Secretary	Lourdes Lebar	9721 Hammocks Blvd #108	Miami, FL 33196	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Donna Lee	15561 SW 155 Ave	Miami, FL 33196	<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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/02

CR2E037 (9/01)