

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90142 033 ****70.00

DOCUMENT # N01000001443

1. Entity Name

SOUTH FLORIDA SOFTBALL CRICKET ASSOCIATION INC.



Principal Place of Business

**17450 SW 59TH COURT
DAVIE FL 33331**

Mailing Address

**17450 SW 59TH COURT
DAVIE FL 33331**

20021261



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **75-3033374**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUSAIN, SAL
17450 SW 59TH COURT
DAVIE FL 33331**

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 **SD** ☐ Delete
NAME **HUSAIN, SAL**
STREET ADDRESS **17450 SW 59TH COURT**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE **PD** ☒ Delete
NAME **PERSAUD, CECIL**
STREET ADDRESS **20610 SW 125TH COURT**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **VPD** ☒ Delete
NAME **JUMAN, NAZIM**
STREET ADDRESS **5357 N.W. 117TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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 **PD** ☒ Change ☐ Addition
NAME **AMAR SINGH**
STREET ADDRESS **2121 N 52nd Ave**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **TD** ☒ Change ☐ Addition
NAME **NEIK OGWIKINARDAN**
STREET ADDRESS **709 SW 9th ST**
CITY-ST-ZIP **Hialeahdale FL 33009**

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

TITLE ☐ Change ☐ Addition
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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:

SALIM K. S. INEQUITIES 1/27/03 954-252-5985

CR2E037 (10/02)