

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000001697**

1. Entity Name

HOMESTEAD UNITED YOUTH SOCCER CLUB CORP.

FILED

02 OCT -9 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11901 SW 274TH STREET
MIAMI FL 33032

Mailing Address

14460 SW 287 ST
HOMESTEAD FL
33033

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

65-1084512

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MORAGA, FRANCISCO
15631 SW 296TH STREET
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name

JUAN F MORAGA

Street Address (P.O. Box Number is Not Applicable)

14460 SW 287 ST

City

Homestead

FL

Zip Code

33033

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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☒\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	MORAGA, FRANCISCO	
STREET ADDRESS	15631 SW 296TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VD	☐ Delete
NAME	LARA, MANUEL	
STREET ADDRESS	11901 SW 274TH STREET	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	TD	☐ Delete
NAME	BLUE, JOSEPH	
STREET ADDRESS	19930 SW 286TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
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		☒ Change ☐ Addition
NAME	JUAN F MORAGA	
STREET ADDRESS	14460 SW 287 ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2037 (4/02)

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:

FRANCISCO MORAGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-02

Date

786-256 2432

786-457 3029

Daytime Phone