

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

04-05 hei

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01000001900					
1. Entity Name CUTLER RIDGE SPORTS AND CULTURAL CLUB, INC.					
Principal Place of Business 10763 SOUTHWEST 188TH STREET MIAMI, FL 33157			Mailing Address 10763 SOUTHWEST 188TH STREET MIAMI, FL 33157		
2. Principal Place of Business 10757 SW 188th STREET		3. Mailing Address 10757 SW 188th STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1086453	
Zip 33157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name A. BERNARD FINANCIAL SERVICES Street Address (P.O. Box Number is Not Acceptable) 9032 SW 152ND STREET City MIAMI FL Zip Code 33157		
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 ANTHONY BERNARD <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 9/14/05	
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHADEO, MARAJ 10763 SOUTHWEST 188TH STREET MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARPINATH, SAM 11031 SW 142ND COURT MIAMI, FL 33186	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, EARL G 17511 BELLVIEW DR MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHADEO, MARAJ 10757 SW 188th STREET MIAMI, FL 33157	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMMY, MELISSA 9950 MARTINIQUE DRIVE MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SOOKLAL, DAVE 10040 SW 113 TERR MIAMI, FL 33189	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMNARINE, DAVICHAN 10763 SOUTHWEST 188TH STREET MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JENNINGS, CARLOS 10430 SW 165 ST MIAMI, FL 33157	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOOKDEO, LUTCHMAN 20540 GULFSTREAM RD MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059750632 09/19/05--01061--012 **297.50	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOOKLAL, DAVE G 10040 SW 113 TER MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: X					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					