

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

DOCUMENT # N01000001993
1. Entity Name

MIAMI-DADE COUNTY AQUATIC CLUB INC.

FILED

AMENDED
02 OCT 29 PM 2:14

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 10015 S.W. 2 TER. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 10015 S.W. 2 TER. <small>Suite, Apt. #, etc.</small>		4. FD Number 65-1085958		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State: MIAMI, FL.		City & State: MIAMI, FL.		Applies For Not Applicable			
Zip 33174	Country	Zip 33174	Country				

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: MARGARITA del CERRO
Street Address (P.O. Box Number is Not Acceptable): 10015 S.W. 2 TER.
City: MIAMI, FL Zip Code: 33174

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

800008672108
10/29/02--01113--006 **\$1.25

SIGNATURE

Signature of the filer or filer's authorized representative must be typed on this line.

(NOTE: Registered Agent signature must be typed on this line.)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	P/S	NAME	del CERRO MARGARITA	"D"	TITLE	NAME	STREET ADDRESS	CITY ST ZIP
STREET ADDRESS	10015 S.W. 2 TER.				STREET ADDRESS			
CITY ST ZIP	MIAMI, FL. 33174				CITY ST ZIP			
TITLE		NAME	RODRIGUEZ RICARDO	"D"	TITLE	NAME	STREET ADDRESS	CITY ST ZIP
STREET ADDRESS			10015 S.W. 2 TER.		STREET ADDRESS			
CITY ST ZIP			MIAMI, FL. 33174		CITY ST ZIP			
TITLE		NAME	T	"D"	TITLE	NAME	STREET ADDRESS	CITY ST ZIP
STREET ADDRESS			RODRIGUEZ DAVID		STREET ADDRESS			
CITY ST ZIP			10015 S.W. 2 TER.		CITY ST ZIP			
			MIAMI, FL. 33174					
TITLE		NAME			TITLE	NAME	STREET ADDRESS	CITY ST ZIP
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CITY ST ZIP					CITY ST ZIP			

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 holder of business empowerment to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or on an attached record with my name, with all other like empowers.

SIGNATURE: *Margarita del Cerro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

305-559-5070

DATE

PHONE NUMBER

11/5/02