

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90166 049 ****61.25

DOCUMENT # **ND1000001993.**

1. Entity Name
Miami-Dade County Aquatic Club Inc.
10015 S.W. 2Ter.
Miami, FL 33174.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10015 S.W. 2Ter

3. Mailing Address
10015 S.W. 2Ter

Suite, Apt. #, etc.
Miami, FL

Suite, Apt. #, etc.

City & State
33174

City & State
Miami

4. FEI Number
65-1085958

Applied For
 Not Applicable

Zip Country
33174 USA

Zip Country
33174 USA

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

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. 2Ter

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. 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President & Secretary Margarita del Cerro (D) 10015 S.W. 2Ter Miami, FL 33174 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President Ricardo Rodriguez (D) 10015 S.W. 2Ter Miami, FL 33174 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Tres. David A. Rodriguez (D) 10015 S.W. 2Ter Miami, FL 33174 |
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Margarita del Cerro* **Margarita del Cerro** 4/16/03 3055595070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)