

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002485

1. Entity Name

FALCONS CHEERLEADING BOOSTER CLUB, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90498 043 ****70.00

0071356

Principal Place of Business Mailing Address
14320 N.W. 11 STREET 14320 N.W. 11 STREET
PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028

2. Principal Place of Business 3. Mailing Address
21771 S. Heritage Circle 21771 S. Heritage Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country
Pembroke Pines FL 33029 US Pembroke Pines FL 33029 US

4. FEI Number Applied For
X 65-1096757 Not Applicable
5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name Mary Mizelle
Street Address (P.O. Box Number is Not Acceptable)
21771 S. Heritage Circle
City Pembroke Pines FL Zip Code 33029

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.
SIGNATURE *[Signature]* Mary Z. Mizelle President 4/30/02
Signature (If not the name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing) 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D. MIZEME, MARY	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZEME, MARY		NAME	MARY MIZELLE	
STREET ADDRESS	14320 N.W. 11 STREET		STREET ADDRESS	21771 S. HERITAGE CIRCLE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP	PEMBROKE PINES, FL 33029	D
TITLE	D. PUIG, ANA M	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUIG, ANA M		NAME	SARAH HYDES	
STREET ADDRESS	14320 N.W. 11 STREET		STREET ADDRESS	13661 S.W. 18 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP	MIAMI FL 33027	D
TITLE	D. FERNANDEZ, CHRISTINA	<input checked="" type="checkbox"/> Delete	TITLE	COACH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, CHRISTINA		NAME	FAYE JEFFERSON	
STREET ADDRESS	14320 N.W. 11 STREET		STREET ADDRESS	21771 S. HERITAGE CIRCLE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP	PEMBROKE PINES FL 33029	D
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: *[Signature]* MARY Z. MIZELLE Pres. 4/30/02 954432234
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)