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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

02-04-2002 90172 031 ****70.00

DOCUMENT # N01000002982

1. Entity Name

CUTLER RIDGE KNIGHTS AMATEUR TRAVEL BASEBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7680 SW 170 STREET
 MIAMI FL 33157
 US

7680 SW 170 STREET
 MIAMI FL 33157
 US

2. Principal Place of Business

18520 SW 128 AVE

3. Mailing Address

18520 SW 128 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-110115A

Applied For

Not Applicable

Zip

33177

Country

U.S.A

Zip

33177

Country

U.S.A

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BLANCO, MODESTO
 18520 SW 128 AVENUE
 MIAMI FL 33177

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	☐ Delete
NAME	BLANCO, MODESTO	
STREET ADDRESS	18520 SW 128 AVENUE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	☐ Delete
NAME	MUXO, ALFONSO	
STREET ADDRESS	16904 SW 81 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	☐ Delete
NAME	GARCIA, NANCY	
STREET ADDRESS	20041 CUTLER COURT	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	T	☐ Delete
NAME	KEEBLER, DAVID	
STREET ADDRESS	7680 SW 170 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	☐ Delete
NAME	FONDA, DONNA	
STREET ADDRESS	18607 SW 93 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME	JUAN VALENTE	
STREET ADDRESS	14704 SW 177 TERR	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☒ Change ☐ Addition
NAME	RUTH GOODPASTURE	
STREET ADDRESS	8721 SW 186 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	S	☒ Change ☐ Addition
NAME	MIRIAM BLANCO	
STREET ADDRESS	18520 SW 128 AVE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)