

3/29/

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91402 045 \*\*\*\*61.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004336

1. Entity Name

TEO CRUZ CENTRO DAPORTIVO CULTURAZ DOMINICANO IN  
 C.

Principal Place of Business

Mailing Address

3553 NW 18 AVE  
 MIAMI FL 33142

3553 NW 18 AVE  
 MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

02-0586900

Applied For

Not Applicable

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

VALERIO, PEDRO  
 280 S COCONUT LN  
 MIAMI BCH FL 33139

Name ROSA DIAZ

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

4596 Lancaster Place

Boca Raton FL

City

FL Zip Code 33434

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 changing)

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	DP	<input type="checkbox"/> Delete
NAME	VALERIO, PEDRO	
STREET ADDRESS	280 S COCONUT LN	
CITY-ST-ZIP	MIAMI BCH FL 33189	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LAROSA, VICTOR D	
STREET ADDRESS	1915 NW 18 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CEPEDA, ELVIS J	
STREET ADDRESS	1932 NW 18 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALDONADO, POLIDIO	
STREET ADDRESS	1701 NW 38 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSA DIAZ	
STREET ADDRESS	4596 Lancaster PL	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	Pedro Valerio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3555 NW 18th Ave	
STREET ADDRESS	Miami, FL 33142	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2037 (9/01)