5/27/2002-90359-040-$61.25-$61.25

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 AUG 13 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96483

DOCUMENT # N01000004718

1. Entity Name

CLUB TOGETHER FOR A BETTER FUTURE INC.

Principal Place of Business	Mailing Address
1040 EAST 14 ST. HIALEAH FL 33010	1530 EAST 9 CT. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1530 E 9 CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fla	City & State
Zip: 33010 Country: Miami-Dade	Zip / Country

4. FEI Number: 76-0701186 ☐ 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
BLANCO, ODALYS 1530 EAST 9 CT. HIALEAH FL 33010	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P D BLANCO, REYNALDO 1530 EAST 9 CT. HIALEAH FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGISTER AGENT T Odalys Blanco 1530 E 9 CT Hialeah, Fla 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Reynaldo Enrique Blanco T 1530 E 9 CT Hialeah Florida 33010 officer	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Reserved # N01000004718