

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90011 017 \*\*\*\*61.25

DOCUMENT # *NOI 00000 4718*

1. Entity Name

*Club Together For A Better Future*



**DO NOT WRITE IN THIS SPACE**

**54059084**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1530 E 9th*

Suite, Apt. #, etc.

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

City & State

*Hialeah, FL*

City & State

*Hialeah, FL*

4. FEI Number

*76-0701186*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name *Odalis Blanc*

Street Address (P.O. Box Number is Not Acceptable) *1530 E 9th*

City *Hialeah*

FL

Zip Code *33010*

**DO NOT WRITE  
IN THIS SPACE**

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

*Odalis Blanc*

*6/01/04*

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *Reynaldo Blanco*  
NAME *Reynaldo Blanco*  
STREET ADDRESS *1530 E 9th AVE Hialeah FL 33010*  
CITY-ST-ZIP *FL 33010*  
*President*

TITLE *Odalis Blanc*  
NAME *Odalis Blanc*  
STREET ADDRESS *SAME*  
CITY-ST-ZIP *Resist. Agent*

TITLE *Reynaldo E. Blanco*  
NAME *Reynaldo E. Blanco*  
STREET ADDRESS *SAME*  
CITY-ST-ZIP *Resolvent*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/1/04*

Date

Daytime Phone #

CR2E037B (12/02)