2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2003 8:00 am Secretary of State DOCUMENT # N0100004939 1. Entity Name 03-13-2003 90074 046 ****61.25 VIPER WRESTLING BOOSTER CLUB. INC. Principal Place of Business Mailing Address 13230 SW 131ST STREET 13230 SW 131ST STREET MIAMI FL 33186 MIAM! FL 33186 2. Principal Place of Business 3. Mailing Address 13950 .5W 156 TeN 13950 Suite, Apt. #, etc. Suite, Apt. #, etc. M-CHECK-HERE-IF-MAKING-CHANGES 4. FEI Number 65-1105762 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1berto PENA MALEKI, LAURA Street Address (P.O. Box Number is Not Acceptable) 13230 SW 131ST STREET **MIAMI FL 33186** SW 156 TERR 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete Addition TITLE ☐ Change Alberto PENA MALEKI, LAURA NAME NAME STREET ADDRESS 13230 SW 131ST STREET 13950 SW 156 TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 MIAMI FC 33177 CITY-ST-ZIP DS DS TITLE Delete TITLE ☐ Change Addition MANUELA PEÑA MALEKI, MOHAMMAD NAME NAME 13950 SW 156 TERC STREET ADDRESS 13230 SW 131ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MIAMI FL 33177 DVTD TITLE ☐ Delete TITLE ☐ Change Addition VASQUEZ. MARIE NAME NAME 19843 SW 82 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition