

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

FILED

DOCUMENT #

1. Entity Name

NO1000005285

Miami Twisters Allstars, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

945 NW 31 Ave.

Suite, Apt. #, etc.

3. Mailing Address

945 NW 31 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

USA

City & State

Miami, FL

Zip

33125

Country

USA

4. FEI Number

01-0612737

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Adelaida R. Suarez

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

945 NW 31 Ave.

City

Miami

FL

Zip Code 33125

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

Adelaida R. Suarez President

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

(NOTE: Registered Agent signature required when remitting)

10/8/02

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
Department of State

10.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D. Adelaida R. Suarez 945 NW 31 Avenue Miami, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D Alexander M. Suarez 945 NW 31 Ave. Miami, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D Lauren Petrick 8115 SW 98 Ct. Miami, FL 33173	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: *Adelaida R. Suarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/02 305 7966786

Date

Daytime Phone #

CR2E037B (12/01)