

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

FILED

02 OCT 16 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

NO1000005285

Miami Twisters Allstars, Inc.

**DO NOT WRITE IN THIS SPACE**

400008440234  
10/18/02--01002--027 \*\*70.00

2. Principal Place of Business

945 NW 31 Ave.

Suite, Apt. #, etc.

3. Mailing Address

945 NW 31 Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

01-0612737

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

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

10/8/02

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

(NOTE: Registered Agent signature required when reconstituting)

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
TREASURER	D. Alexander M. Suarez	945 NW 31 Ave.	Miami, FL 33125
SECRETARY	D. Lauren Petrick	8115 SW 98 Ct.	Miami, FL 33173

**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

10/8/02

Date

305 796 6786

Daytime Phone #

CR2E037B (12/01)