

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91745 046 ***61.25

DOCUMENT # **NO1000005028** ✓
1. Entity Name

174th LSO Association Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8231 SW 96 PL

Suite, Apt. #, etc.

3. Mailing Address

8231 SW 96 PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1131289

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSE CRUZ

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

8231 SW 96 PL

City

Miami

FL

Zip Code

33173

**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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Christopher Royer
STREET ADDRESS	1435 Mayo St
CITY-ST-ZIP	Hollywood FL 33020
TITLE	Vice-President
NAME	Barrold Murreison
STREET ADDRESS	19901 SW 119th Ave.
CITY-ST-ZIP	Miami FL 33177
TITLE	Recording Secretary
NAME	David Acosta
STREET ADDRESS	7751 NW 8th St
CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	Treasurer
NAME	JOSE CRUZ
STREET ADDRESS	8231 SW 96 PL
CITY-ST-ZIP	Miami FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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

5/12/02

Date

305-884-2001

Daytime Phone #

CR2E037B (12/01)