2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N01000007237

Entity Name: MIAMI STARS SOCCER INC.

Current Principal Place of Business:

3664 SW 27TH STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3664 SW 27TH STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-1135592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUESADA, OLMAN
3664 SW 27TH STREET
MIAMI, FL 33133

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	QUESADA, OLMAN	
Address:	3664 SW 27TH STREET	
City-St-Zip:	MIAMI, FL 33133	
Title:	VP	( ) Delete
Name:	SALIM, KAMAL	
Address:	436 SW 27TH ROAD	
City-St-Zip:	MIAMI, FL 33129	
Title:	T	( ) Delete
Name:	FREITES, IVONNE	
Address:	436 SW 27TH ROAD	
City-St-Zip:	MIAMI, FL 33129	
Title:	D	( ) Delete
Name:	HERNANDEZ, MARCIA	
Address:	2291 SW 17TH STREET	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	QUESADA, GISELLE	
Address:	3664 SW 27TH STREET	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	HERNANDEZ, MARLENE	
Address:	118 NW 32 PLACE	
City-St-Zip:	MIAMI, FL 33125	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLMAN QUESADA P 04/29/2003

Electronic Signature of Signing Officer or Director — Date