

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED

AND 05-28-2002 91689 039 \*\*\*\*61.25  
FILED NO1000007383

DOCUMENT # NO1000007383

1. Entity Name

JUEGOS PATRIOS DOMINICANOS, INC.

02 OCT 21 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

38631

Principal Place of Business

13480 NW 5 AVE  
N MIAMI BEACH FL 33168

Mailing Address

13480 NW 5 AVE  
N MIAMI BEACH FL 33168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEL Number

65-1144822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATOS, MANUEL  
1038 BRICKELL AVE  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Manuel A. Matos*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02  
DATE

After September 13, 2002,  
min. will be \$236.25.

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	P/D	<input type="checkbox"/> Delete
NAME	MATOS, MANUEL	
STREET ADDRESS	13480 NW 5TH AVE	
CITY-ST-ZIP	N MIAMI FL 33168	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	FELIX, HECTOR	
STREET ADDRESS	7180 SCOTT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	MADE, ISIDRO	
STREET ADDRESS	3023 NW 28TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (4/02)

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 the empowered.

SIGNATURE:

*Manuel A. Matos*

4/26/02 305-687-5060