

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90346 044 ****70.00

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1. Entity Name

MIAMI-DADE CHILDREN'S ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

10391 SW 150 CT. #10105
 MIAMI FL 33186

10391 SW 150 CT. #10105
 MIAMI FL 33186

2. Principal Place of Business

P.O. Box 162008.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 162008.

Suite, Apt. #, etc.

City & State
 Miami, Florida.

City & State
 Miami, FLA

4. FEI Number

01-0616342

Applied For

Not Applicable

Zip Country
 33176-2008 U.S.A.

Zip Country
 33176-2008 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPOVALOV, INNA
 10391 SW 150 CT, #10105
 MIAMI FL 33186

Name
 ALEIDA S. DIAZ.

Street Address (P.O. Box Number is Not Acceptable)
 810 SW 3 ST # 8.

City & State
 Miami, Florida

FL

Zip Code
 33130

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

Aleida S. Diaz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/5/2002.

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, ALEIDA	
STREET ADDRESS	10391 SW 150 CT, #10105	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, GUADALUPE	
STREET ADDRESS	10391 SW 150 CT, #10105	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, PEDRO	
STREET ADDRESS	10391 SW 150 CT, #10105	
CITY-ST-ZIP	MIAMI FL 33186	
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		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEIDA DIAZ	
STREET ADDRESS	810 S.W. 3 ST # 8.	
CITY-ST-ZIP	MIAMI, FLA 33130.	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUADALUPE GONZALEZ	
STREET ADDRESS	7518 WEST 23 LANE	
CITY-ST-ZIP	MIAMI, FL 33018.	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO LOPEZ	
STREET ADDRESS	2828 SW 12 ST	
CITY-ST-ZIP	MIAMI, FL 33135.	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

Aleida S. Diaz
REQUIRED

CR2E037 (4/02)