

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 *CHANGES line #2*
~~10391 SW 150 CT, #10105 MIAMI FL 33186~~
 Mailing Address *CHANGES line 3.*
~~10391 SW 150 CT, #10105 MIAMI FL 33186~~



DO NOT WRITE IN THIS SPACE

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. **MIAMI, FLA**

4. FEI Number
01-0616342
 Applied For
 Not Applicable

Zip Country
33116-2008 U.S.A. **33116-2008 U.S.A.**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SHAPOVALOV, INNA
10391 SW 150 CT, #10105
MIAMI FL 33186

7. Name and Address of New Registered Agent
 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.

7/5/2002
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 33 LANE	CITY-ST-ZIP MIA, FL 33018.
TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PEDRO LOPEZ
STREET ADDRESS 2028 SW 17 ST	CITY-ST-ZIP MIA, 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)