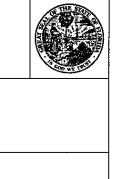
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DOCUMENT # N0100008062

Principal Place of Business

MIAMI-DADE CHILDREN'S ATHLETIC LEAGUE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90175 018 ****61.25

O BOX 162008 IIAMI FL 33116-2008		PO BOX 162008 MIAMI FL 33116-2008						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
			C'1- 2 C1-2-					
City & State	е	City & State	City & State		01-0010042		plied For t Applicable	
Zip	Country	Zip	ip Country		5. Certificate of Status Desired			
	6. Name and Address of Currer	it Registered Agent 🔩 💴	 	7. Name and Addre	ss of New Registers	d Agent		
DIAZ, ALE 810 SW 3 #8			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33130		City	· .	F	Zip Code	е	
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or regi	stered agent, or both, in th	e State of Florida. Ta	m familiar with,	and accept	
SIĞNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	DAT	E		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Florida Department of State			
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10	١.
HTLE NAME	D DIAZ, ALEIDA	☐ Delete	TITLE NAME		•	☐ Change	☐ Addition	(10/02)
STREET ADDRESS CITY-ST-ZIP	810 SW 3 ST, #8 MIAMI FL 33130		STREET ADDRESS CITY-ST-ZIP					7007
TITLE NAME Street address	D GONZALEZ, GUADALUPE 7518 W 33 LANE	☐ Delete	TITLE NAME STREET ADDRESS			- Change	☐ Addition	٥
CITY-ST-ZIP	D D D D D D D D D D D D D D D D D D D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME Street address City-ST-ZIP	LOPEZ, PEDRO 2828 SW 12 ST MIAMI FL 33135		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE Name Street address			☐ Change	Addition	
CITY-ST-ZIP Title		☐ Delete	CITY-ST-ZIP TITLE			Change	☐ Addition	
IAME Street Address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition	
CITY-ST-ZIP	certify that the information supplied wi	th this filips does not qualify fo	CITY-ST-ZIP or the exemption stated in	n Section 119.07(3)(i), Flori	da Statutes. I further	certify that the in	nformation	

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-

SIGNATURE: