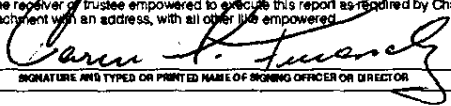


FILED

03 MAY -2 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000000320			
1. Entity Name JANE S. ROBERTS BOOSTER CLUB CORP.			
Principal Place of Business 14850 COTTONWOOD CIRCLE MIAMI, FL 33185		Mailing Address 14850 COTTONWOOD CIRCLE MIAMI, FL 33185	
2. Principal Place of Business		3. Mailing Address 4431 S.W. 149 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIAMI FL	
City & State		City & State 33185	
Zip	Country	Zip	Country USA
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ADOLFO 4821 SW 154TH AVE MIAMI, FL 33185		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when reinstating)	
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, ADOLFO 4821 SW 154TH AVE MIAMI, FL 33185 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMONA, ANAMARIE P 16261 SE 66 TERRACE MIAMI, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alvarez-Reco, Lourdes 4839 S.W. 147 PL MIAMI FL 33185 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, CARMEN 4421 SW 149 COURT MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLARREAL, CELSA 6723 SE 149 AVE MIAMI, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Maldonado, Alan 4830 S.W. 153 Terr Hiram FL 33027 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 info empowered.			
SIGNATURE: 		4/25/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (10/02)

205/56