

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91454 006 *****70.00

DOCUMENT # N02000002530

1. Entity Name

SOUTH FLORIDA SPORTS LEAGUE, INC.



Principal Place of Business

**2456 SW 31ST AVE.
MIAMI FL 33145**

Mailing Address

**2456 SW 31ST AVE.
MIAMI FL 33145**

2. Principal Place of Business

2520 S.W. 22 Street

3. Mailing Address

2520 S.W. 22 Street

Suite, Apt. #, etc.

Suite 2.309

Suite, Apt. #, etc.

Suite 2.309

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33145

Country

U.S.

Zip

33145

Country

U.S.

4. FEI Number

75.3050477

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIAZ-ROUSSELOT, WILLIAM C ESQ.
2458 SW 31ST AVE.
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Guillermo M. Chacon**

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

2456 S.W. 31ST AVE.

City

MIAMI

FL

Zip Code

33145

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

[Signature] 11-1-03

(NOTE: Registered Agent signature required when reinstating)

DATE

Guillermo M. Chacon 4/30/03

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	D CHACON, GUILLERMO M 2456 SW 31ST AVE. MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACON, GUSTAVO 1025 NW 21ST CT. MIAMI FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARENTE, JUAN 13114 SW 205TH LANE MIAMI FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE:

[Signature] 11-1-03

4/30/03 786-210-7375

CR2E037 (10/02)