

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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90121 048 \*\*\*\*61.25

DOCUMENT # *NO2000003460*

1. Entity Name

*Kendall Allstar Baseball Team,  
Corp*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*201 Alhambra Cr*

Suite, Apt. #, etc.

*502*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

*USA*

3. Mailing Address

*201 Alhambra Cr.*

Suite, Apt. #, etc.

*502*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

*USA*

4. FEI Number

*01-0683151*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Emilio C. Pastor*

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

*201 Alhambra Circle*

*Suite 502*

City

*Coral Gables*

FL

Zip Code

*33134*

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

*X Emilio Pastor*

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

(NOTE: Registered Agent signature required when reinstating)

*3-15-03*

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE	<i>Director</i>
NAME	<i>Eduardo Santamaria</i>
STREET ADDRESS	<i>15266 SW 170 Terrace</i>
CITY-ST-ZIP	<i>MIAMI, FL 33187</i>
TITLE	<i>Ernesto Abreu, Director</i>
NAME	<i>Ernesto Abreu</i>
STREET ADDRESS	<i>11922 SW 136 Place</i>
CITY-ST-ZIP	<i>MIAMI, FL 33186</i>
TITLE	<i>Director</i>
NAME	<i>Ed Portal</i>
STREET ADDRESS	<i>10502 S.W. 144 Court</i>
CITY-ST-ZIP	<i>MIAMI, FL 33186</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*X Eduardo Santamaria*

*03/15/03*

CR2E037B (12/02)