

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90210 017 \*\*\*\*61.25

**DOCUMENT # N02000004264**

1. Entity Name  
**SOUTH FLORIDA YOUTH ATHLETIC ASSOC., INC.**



Principal Place of Business  
**15510 NW 83 AVE  
MIAMI LAKES FL 33016**

Mailing Address  
**15510 NW 83 AVE  
MIAMI LAKES FL 33016**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**11**

City & State

**11**

4. FEI Number

**03-0456053**

Applied For

Not Applicable

Zip

**11**

Country

**11**

Zip

**11**

Country

**11**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOMEZ, MIRIAM  
8230 NW 183 ST  
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

**ROLANDO REYES**

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

**15510 NW 83 AVE.**

City

**MIAMI LAKES**

**FL**

Zip Code

**33016**

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

(NOTE: Registered Agent signature required when reinstating)

**3/1/03**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
REYES, ROLANDO  
15510 NW 83 AVE  
MIAMI LAKES FL 33016** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VO  
GOMEZ, MIRIAM  
8230 NW 183 RD ST  
MIAMI LAKES FL 33015** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MARTINEZ, MARIE  
17771 NW 88 AVE  
HALEAH FL 33018** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/03**

Date

Daytime Phone #

CR2E037 (10/02)