

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 010 ***150.00

DOCUMENT # N02000006143

1. Entity Name

SOUTH DIXIE SOCCER CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13876 SW 56 ST

3. Mailing Address

13876 SW 56 ST

Suite, Apt. #, etc.

210

City & State

MIAMI, FL

Suite, Apt. #, etc.

210

City & State

MIAMI, FL

Zip

33175

Country

Zip

33175

Country

4. FEI Number

22-3864286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

EDDY ARROYO

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

10800 N.W. 7th ST APT# 5

City

MIAMI

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NO F.L. Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDDY ARROYO
STREET ADDRESS	10800 NW 7ST APT 5
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	VPD
NAME	MARISOL GONZALEZ
STREET ADDRESS	11019 N.W. 4 ST
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	SD
NAME	ELBA DIAZ
STREET ADDRESS	119 N.E. 1st ST
CITY - ST - ZIP	BELLGLADES, FL 33440

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **EDDY ARROYO**

Signature typed or printed name of signed officer or director

Date

Daytime phone

04-10-03

CR20048 (12/01)