

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

FILED
Mar 18, 2003 8:00 am
Secretary of State

02-21-2003 90175 029 ****70.00

DOCUMENT # N02000006343

1. Entity Name

MIAMI ORIOLES BASEBALL INC.



Principal Place of Business

**15620 SW 78 AVE
MIAMI FL 33157**

Mailing Address

**15620 SW 78 AVE
MIAMI FL 33157**

2. Principal Place of Business

19781 SW 101 Court

Suite, Apt. #, etc.

3. Mailing Address

19871 SW 101 Court

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

50-0006428

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

**KLEISS, JOHN C
15620 SW 78 AVE
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

Ronnie W. Young

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

19781 SW 101 Court

City

Miami

FL

Zip Code
33157

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

Ronnie W. Young

02/18/03

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D YOUNG, RONNIE W 19781 SW 101 CT MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEISS, JOHN C 15620 SW 78 AVE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEISS, PAMELA D 15620 SW 78 AVE MIAMI FL 33157	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Only) President	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice-President Osiris Iglesias 12674 SW 191 Terrace Miami, FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer David Keebler 7680 SW 170 Street Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary Adda Bogaards 14443 SW 174 Street Miami, FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2037 (10/02)

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Ronnie W. Young 02/18/03 (305)233-6401

Date

Daytime Phone #