

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

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

05-05-2003 90371 035 ****61.25

DOCUMENT # N02000008298

1. Entity Name

ORLANDO MASTERS CRICKET CLUB, INC.



Principal Place of Business

**1722 RACHELS RIDGE LOOP
OCOE FL 34761**

Mailing Address

**1722 RACHELS RIDGE LOOP
OCOE FL 34761**

2. Principal Place of Business

1722 RACHELS RIDGE LOOP

3. Mailing Address

1722 RACHELS RIDGE LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE FLORIDA

City & State

OCOE FLORIDA

Zip

34761

Country

U.S.A

Zip

34761

Country

U.S.A

4. FEI Number

03-0490432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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	DP	<input type="checkbox"/> Delete
NAME	NARINE, ONGKAR	
STREET ADDRESS	1722 RACHELS RIDGE LOOP	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NARINE, ROHIT G	
STREET ADDRESS	1722 RACHELS RIDGE LOOP	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KHAN, AYUB	
STREET ADDRESS	1722 RACHELS RIDGE LOOP	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 OF REGISTERED AGENT: NARINE ONGKAR 05/28/03 40992802X

CR2E037 (10/02)