

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90378 037 \*\*\*\*\*61.25

**DOCUMENT # N03000003040**

**1. Entity Name**

**TAMIAMI YOUTH BASKETBALL ASSOCIATION, INC.**



**Principal Place of Business**

**10541 SW 120TH AVE  
MIAMI FL 33186**

**Mailing Address**

**10541 SW 120TH AVE  
MIAMI FL 33186**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**27-0052991**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ETCHEVERRY KOURI & HARRISON, LLP  
2500 WESTON RD, STE 400  
WESTON FL 33331**

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  
Due By May 1, 2004**

**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 ☐ Delete  
**NAME** PEREZ, DANIEL J  
**STREET ADDRESS** 3510 SW 117TH CT  
**CITY-ST-ZIP** MIAMI FL 33175

**TITLE** DV ☐ Delete  
**NAME** SARRADET, GEORGE  
**STREET ADDRESS** 7224 SW 13SND COURT  
**CITY-ST-ZIP** MIAMI FL 33183

**TITLE** DS ☐ Delete  
**NAME** FARINAS, OSCAR L  
**STREET ADDRESS** 10541 SW 120TH AVE  
**CITY-ST-ZIP** MIAMI FL 33186

**TITLE** DT ☐ Delete  
**NAME** SARRADET, CARLOS A  
**STREET ADDRESS** 8545 SW 81ST TERRACE  
**CITY-ST-ZIP** MIAMI FL 33143

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OSCAR L. FARINAS**

Date

Daytime Phone #

**4/12/04 (305) 439-9549**