

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # N03895 (2)

1. Corporation Name

SOUTH FLORIDA CRICKET ASSOCIATION, INC.

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10241 CARIBBEAN BLVD
BOX 4034
MIAMI FL 33189

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BOX 4034
MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2441832	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMBARANSINGH, LLOYD
10241 CARIBBEAN BLVD
MIAMI FL 33189**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1D MOHAMED, SHEKH, M	11 TITLE	☐ Change ☐ Addition
NAME	4308 FEFERSON ST	12 NAME	
STREET ADDRESS	HOLLYWOOD FL 33021	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	5D LEWIS, DANNY	21 TITLE	☒ Change ☐ Addition
NAME	3024 NW 200 LANE	22 NAME	A/SR Leonard Clarke
STREET ADDRESS	MIAMI FL	23 STREET ADDRESS	4831 NW 19TH COURT
CITY - ST - ZIP		24 CITY - ST - ZIP	APT 101, LAUDERHILL, FL 33313
TITLE	PD RAMBARANSINGH, LLOYD	31 TITLE	☐ Change ☐ Addition
NAME	10241 CARIBBEAN BLVD.	32 NAME	
STREET ADDRESS	MIAMI FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	VP CAMBRIDGE, BASIL	41 TITLE	☐ Change ☐ Addition
NAME	2240 NW 189 TERRACE	42 NAME	
STREET ADDRESS	MIAMI FL	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	ED SAMUELS, PATRICK	51 TITLE	☒ Change ☐ Addition
NAME	6700 NW 101 TERRACE	52 NAME	E/D BANE PERSAUD
STREET ADDRESS	MIAMI FL	53 STREET ADDRESS	1240 SW 88TH WAY
CITY - ST - ZIP		54 CITY - ST - ZIP	PEMBROKE PINES, FL 33025
TITLE	48T S/D BURTON, CHRIS	61 TITLE	☐ Change ☐ Addition
NAME	8411 SW 10TH COURT	62 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33025	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEKH M MOHAMED

4/25/95 (305) 846-4887