

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N03895** (2)

1. Corporation Name

SOUTH FLORIDA CRICKET ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10241 CARIBBEAN BLVD
BOX 4034
MIAMI FL 33189

10241 CARIBBEAN BLVD
BOX 4034
MIAMI FL 33189

3. Date Incorporated or Qualified
06/23/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2441832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TO
MOHAMED, SHEIKH, M
4308 FEFERSON ST
HOLLYWOOD FL 33021

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AST
CLARKE, LEONARD
4831 NW 19TH CT
LAUDERHILL FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
RAMBARANSINGH, LLOYD
10241 CARIBBEAN BLVD.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
CAMBRIDGE, BASIL
2240 NW 189 TERRACE
MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ED
BANEE, PERSAUD
1240 SW 88 WAY
PEMBROKE PINES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
BURTON, CHRIS
8411 SW 10TH COURT
PEMBROKE PINES FL

☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
AST
MIKE BENNETT
70 NW 185TH TERRACE
NORTH MIAMI BEACH, FL 33179

☒ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
VP
MO ALLY
7200 - H9 FAIRWAY DRIVE
MIAMI LAKES, FL 33014

☒ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
ED
JEFF MILLER
1065 NW 125TH STREET, SUITE 221
NORTH MIAMI, FL 33161

☒ Change ☒ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP
☐ Change ☐ Addition

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:

Sheik M Mohamed

Sheik M Mohamed

2/2/95 (954) 846-4887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display File #

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