

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 11, 2000 8:00 am**
Secretary of State

07-11-2000 90172 028 ****61.25

DOCUMENT # N03895

1. Entity Name

SOUTH FLORIDA CRICKET ASSOCIATION, INC.*R*

Principal Place of Business

Mailing Address

10241 CARIBBEAN BLVD
BOX 4034
MIAMI FL 33189P.O. BOX 694034
MIAMI FL 33269
US

2. Principal Place of Business

1820 NE 163rd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

Zip
33162Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2441832

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMBARANSINGH, LLOYD
10241 CARIBBEAN BLVD
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

Jeff Miller

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

1820 NE 163rd Street, Suite 203

City

N. Miami Beach

FL

Zip Code

33162

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/6/00***FILE NOW: FEE IS \$61.25****After September 13, 2000 min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **MILLER, JEFF**
STREET ADDRESS **1065 NE 125TH STREET #221**
CITY-ST-ZIP **NORTH MIAMI FL 33161**TITLE **PD** ☒ Delete
NAME **RAMBARANSINGH, LLOYD**
STREET ADDRESS **10241 CARIBBEAN BLVD.**
CITY-ST-ZIP **MIAMI FL**TITLE **SD** ☒ Delete
NAME **BENNETT, MIKE**
STREET ADDRESS **70 NE 185 TERR**
CITY-ST-ZIP **N MIAMI BCH FL**TITLE **AST** ☒ Delete
NAME **HOOSEIN, MANZIL**
STREET ADDRESS **3208 ONYX RD**
CITY-ST-ZIP **MIRAMAR FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Jeff Miller**
STREET ADDRESS **1820 NE 163rd St, Suite 203**
CITY-ST-ZIP **N. Miami Beach, FL 33162**TITLE **VD** ☐ Change ☒ Addition
NAME **Brian Edun**
STREET ADDRESS **1741 SW 85th Ave**
CITY-ST-ZIP **Miramar, FL 33025**TITLE **SD** ☐ Change ☒ Addition
NAME **David Maitland**
STREET ADDRESS **3226 NW 203th St**
CITY-ST-ZIP **Miami, FL 33056**TITLE **TD** ☐ Change ☒ Addition
NAME **Ivor Henry**
STREET ADDRESS **6500 SW 27th St**
CITY-ST-ZIP **Hallandale, FL 33023**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

*7/6/00**305-945-8870*