## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2002 8:00 am **DOCUMENT # N07420 Secretary of State** 1. Entity Name TAMIAMI YOUTH BASEBALL ASSOCIATION, INC. 02-14-2002 90006 013 \*\*\*\*70.00 Principal Place of Business Mailing Address POST OFFICE BOX 65-1751 POST OFFICE BOX 65-1751 MIAMI FL 33165 - < **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2500682 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \_\_\_\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u> Roul</u> ESTRADA Street Address (P.O. Box Number is Not Acceptable) NAVARRO, MAGDA 11350 S.W. 30 ST. **MIAMI FL 33165** <u>33165</u> 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 stered agent and title if applicable Stanature, typed or printed name of Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Change ☐ Addition PD TITI F ESTRADA, RAUL TITLE NAVARRO, MAGDA NAME NAME 11525 SW STREET ADDRESS STREET ADDRESS 11350 S.W. 30 ST. Miani CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Delete Change Addition 46 TITLE TITLE NAME Anger Posada PICON, OTMARA NAME STREET ADDRESS 13210 SW 48 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change ☐ Addition Delete TITLE TITLE Mercedes Casals NAME SANCHEZ, CINDY NAME STREET ADDRESS STREET ADDRESS 948 NW 128 PL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33182** ☐ Addition Change Delete TITLE TD TITLE NAME **BUENO, RAMON** NAME STREET ADDRESS STREET ADDRESS 10235 S.W. 26 TERR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Change Addition Delete TITLE NAME A(FREDO LLaguno ESTRADA, RAUL NAME STREET ADDRESS STREET ADDRESS 3620 SW 114 AVE APT 202 10800 SW 3257 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 paper is five 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 addre

EQUIRED K<u>avi</u> SIGNATION DE QUIREUR SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered.

FILED