

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15311

1. Entity Name

HIALEAH BASEBALL CLUB INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90113 050 ****61.25

Principal Place of Business Mailing Address
17021 N.W. 50TH CT. 17021 N.W. 50TH CT.
MIAMI FL 33055 MIAMI FL 33055-4117

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 **59-2682099** 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

GONZALEZ, JOSE M.
17021 N W 50 CT
MIAMI FL 33055

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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **AMADO, MORELL**
CITY-ST-ZIP **665 E. 9TH COURT**
HIALEAH FL

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **RODRIGUEZ, LUIS R.**
CITY-ST-ZIP **5735 W. 13TH AVENUE**
HIALEAH FL 33012

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GONZALEZ, JOSE M.**
CITY-ST-ZIP **17021 N.W. 50TH COURT**
MIAMI FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SOLES, GUILLERMO**
CITY-ST-ZIP **250 W. 47TH STREET**
HIALEAH FL

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **DE LA PAZ, LUIS**
CITY-ST-ZIP **18833 N.W. 32ND AVENUE**
MIAMI FL

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

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **DE PA PAZ, CIRO**
CITY-ST-ZIP **575 E 21 ST, APT 4**
HIALEAH FL

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2000 (305) 624-5947
Date Daytime Phone #

CR2E037 (9/99)