

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90169 004 ****61.25

DOCUMENT # N15311

1. Entity Name

HIALEAH BASEBALL CLUB INC.

Principal Place of Business

Mailing Address

**17021 N.W. 50TH CT.
 MIAMI FL 33055**

**17021 N.W. 50TH CT.
 MIAMI FL 33055**

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	P	<input type="checkbox"/> Delete
NAME	AMADO, MORELL	
STREET ADDRESS	665 E. 9TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS R.	
STREET ADDRESS	5735 W. 13TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE M.	
STREET ADDRESS	17021 N.W. 50TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLES, GUILLERMO	
STREET ADDRESS	250 W. 47TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DE LA PAZ, LUIS	
STREET ADDRESS	18833 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	DE PA PAZ, CIRO	
STREET ADDRESS	575 E 21 ST, APT 4	
CITY-ST-ZIP	HIALEAH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

04/22/02 (305) 558-7504

CR2E037 (9/01)