

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90013 038 \*\*\*\*61.25

**DOCUMENT # N30562**

1. Entity Name

**SOUTH FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.**

Principal Place of Business

**17630 N.W. 86TH AVENUE  
MIAMI FL 33015**

Mailing Address

**17630 N.W. 86TH AVENUE  
MIAMI FL 33015**

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

**65-0546472**

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

**ELIZALDE, ANGEL**

**17630 N.W. 86TH AVENUE  
MIAMI FL 33015**

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 *Angel Elizalde T.O.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-10-01.**

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **ANDREWS, EDWARD L.**  
STREET ADDRESS **10641 NW 19 PL**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Angel Elizalde**  
STREET ADDRESS **17630 N.W. 86th Avenue**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **PD** ☒ Delete  
NAME **PARSONS, C F**  
STREET ADDRESS **11051 LAKEVIEW N DR**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **PD** ☒ Change ☐ Addition  
NAME **MATTHEW JUNIAR**  
STREET ADDRESS **11815 S.W. 102 COURT**  
CITY-ST-ZIP **MIAMI FL 33124**

TITLE **VD** ☒ Delete  
NAME **ZEILGER, JOHN "BUSTER"**  
STREET ADDRESS **1331 NW 112 ST**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **VD** ☐ Change ☐ Addition  
NAME **Rigoberto Diaz**  
STREET ADDRESS **970 W. 33 ST.**  
CITY-ST-ZIP **HALEAH FL 33012**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**9-10-01 305-556-0059**

Date

Daytime Phone #

CR2E037 (5/01)

## ATTACHMENT

I tried to pay on-line on

Tuesday 9-11-01- but the system

was not working N30562  
80005302

Thanks  
Rajal Chahal