

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90002 006 \*\*\*\*61.25

**DOCUMENT # N34104**

1. Entity Name

**DADE COUNTY ALL STARS INC.**

Principal Place of Business

Mailing Address

10910 SW 72 ST  
 MIAMI FL 33173  
 US

% FRANCIE BOELLARD  
 10910 SW 72 STREET #274  
 MIAMI FL 33173-2778

2. Principal Place of Business

10910 SW 72 ST

3. Mailing Address

10910 SW 72 ST #274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0171364

Applied For

Not Applied For

Zip

33173

Country

US

Zip

33173

Country

US

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

**BOELLARD, FRANCIE**  
 10910 SW 72ND STREET #274  
 MIAMI FL 33173

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

*Francie Boellard*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/00

**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	SEVILLA, GUILLERMO	
STREET ADDRESS	14160 S.W. 165 ST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	ES	<input type="checkbox"/> Delete
NAME	BOELLARD, FRANCIE	
STREET ADDRESS	10910 S.W. 72ND STREET #274	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLER, BILL	
STREET ADDRESS	18620 S.W. 88 RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	STA	<input type="checkbox"/> Delete
NAME	TALEDO, ANA	
STREET ADDRESS	11380 SW 136 AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ED	
STREET ADDRESS	15355 JACKSON DRIVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ-DAVE	
STREET ADDRESS	16720 S.W. 298 TERR	
CITY-ST-ZIP	MIAMI FL 33030	

TITLE	Harper, Harold	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	Harper, Harold		
STREET ADDRESS	9874 Hammocks Blvd #108		
CITY-ST-ZIP	Miami, FL 33196		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additio
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Additio
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additio
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additio
NAME	Patterson Gil		
STREET ADDRESS	14040 SW 153 PLACE		
CITY-ST-ZIP	MIAMI, FL 33196		

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:

*Francie Boellard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00