

2002 UNIFORM BUSINESS REPORT (UBR)

9/8/

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-08-2002 90099 008 ****70.00

DOCUMENT # N40390

1. Entity Name

METRO ACQUATIC SWIMMING FOUNDATION, INC.

Principal Place of Business

Mailing Address

9840 S.W. 60TH COURT
 MIAMI FL 33156

9840 S.W. 60TH COURT
 MIAMI FL 33156

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

65-0229648

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

SMIDDY, WILLIAM E
9840 S.W. 60TH COURT
MIAMI FL 33155-6

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 **DP**
 STREET ADDRESS **SMIDDY, WILLIAM**
 CITY-ST-ZIP **9840 S.W. 60TH COURT**
MIAMI FL 33156
President

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **HAYES, ODALYS**
 CITY-ST-ZIP **18505 S.W. 197 AVENUE**
MIAMI FL 33187
Vice President

TITLE ☒ Delete
 NAME **DS**
 STREET ADDRESS **DEL CERRO, MARGARITA**
 CITY-ST-ZIP **10015 S.W. 2 TERRACE**
MIAMI FL 33174

TITLE ☒ Delete
 NAME **DT**
 STREET ADDRESS **LEE, XIOMARA**
 CITY-ST-ZIP **2380 S.W. 80TH COURT**
MIAMI FL 33155

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
 NAME **Maria Lacayo**
 STREET ADDRESS **933 NW 123 St**
 CITY-ST-ZIP **Miami fl 33182**
Secretary

TITLE ☒ Change ☐ Addition
 NAME **Elizabeth Diaz**
 STREET ADDRESS **5023 SW 147 place**
 CITY-ST-ZIP **Miami, FL 33185**
Treasurer

TITLE ☐ Change ☒ Addition
 NAME **Laurie Hair - Director**
 STREET ADDRESS **15530 SW 123rd Ave**
 CITY-ST-ZIP **Miami, FL 33177**
At-Large

TITLE ☐ Change ☒ Addition
 NAME **EDUARDO JURANOVIC**
 STREET ADDRESS **12890 NW 11 LANE**
 CITY-ST-ZIP **MIAMI, FL 33182**
At-Large

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

William Smiddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)