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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43204

1. Corporation Name

YOUNG MARINES OF DADE, M.C.L., INC.

Principal Place of Business

Mailing Address

5201 Blue Lagoon
Miami, Fl.
33126 Suite 100



2. Principal Place of Business

2a. Mailing Address

21 5201 BLUE LAGOON

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 100

27 SAME

City & State

City & State

23 MIAMI, FL.

28 SAME

Zip

Country

Zip

Country

24 33126

25 USA

29

30

3. Date Incorporated or Qualified

04/23/1991

4. FEI Number

38-2346425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLEGOS, MARK

5201 BLUE LAGOON DRIVE

MIAMI, FL.

33126 SUITE 100

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME RODRIGUEZ, ANGEL M.

STREET ADDRESS 13420 SW 79TH ST.

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GRUNTNER, W

STREET ADDRESS 500 NW 103 TERR

CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE DV ☐ DELETE

NAME RODRIGUEZ, FELICITA

STREET ADDRESS 13420 SW 79TH ST.

CITY-ST-ZIP MIAMI FL

TITLE DA ☐ DELETE

NAME RODRIGUEZ, ANGEL E.

STREET ADDRESS 13420 SW. 79TH ST.

CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME ECKENDAHL, J

STREET ADDRESS 6871 SW 48 TERR

CITY-ST-ZIP MIAMI FL 33155

TITLE DV ☐ DELETE

NAME TORRES, RICHARD

STREET ADDRESS 1259 SW 20TH ST

CITY-ST-ZIP MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (1/98)