

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90041 003 ****70.00

DOCUMENT # N43204

1. Entity Name

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

Principal Place of Business

Mailing Address

**5201BLUE LAGOON STE 100
 MIAMI FL 33126
 US**

**5201BLUE LAGOON STE 100
 MIAMI FL 33126
 US**

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

38-2346425

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

**GALLEGOS, MARK
 5201BLUE LAGOON STE 100
 MIAMI FL 33126**

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

Mark S. Gallegos

(NOTE: Registered Agent signature required when re-registering)

DATE

1/11/00

**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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **RODRIGUEZ, ANGEL M.**
 CITY-ST-ZIP **13420 SW 79TH ST.
 MIAMI FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GRUNTLER, W**
 CITY-ST-ZIP **500 NW 103 TERR
 PEMBROKE PINES FL 33026**

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **RODRIGUEZ, FELICITA**
 CITY-ST-ZIP **13420 SW 79TH ST.
 MIAMI FL**

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

TITLE ☐ Delete
 NAME **DA**
 STREET ADDRESS **RODRIGUEZ, ANGEL E.**
 CITY-ST-ZIP **13420 SW. 79TH ST.
 MIAMI FL**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **ECKENDAHL, J**
 CITY-ST-ZIP **6871 SW 48 TERR
 MIAMI FL 33155**

TITLE ☐ Change ☒ Addition
 NAME **MARIA A. VELASQUEZ**
 STREET ADDRESS **6720 SW. 132ND. ST**
 CITY-ST-ZIP **MIAMI, FL. 33156**

TITLE ☒ Delete
 NAME **DV**
 STREET ADDRESS **TORRES, RICHARD**
 CITY-ST-ZIP **1259 SW 20TH ST
 MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **LUIS DABALSA**
 STREET ADDRESS **19545. LENAIRE DRIVE**
 CITY-ST-ZIP **MIAMI, FL 33157**

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

Angel M. Rodriguez

04/03/00

Date

Daytime Phone #

CR2E037 (\$999)