FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 16, 2001 8:00 am **DOCUMENT # N43204 Secretary of State** YOUNG MARINES OF DADE, M.C.L., INC. 02-16-2001 90006 044 \*\*\*\*70.00 Principal Place of Business Mailing Address 5201BLUE LAGOON STE 100 5201BLUE LAGOON STE 100 MIAM! FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . City & State City & State 4. FEI Number Applied For 38-2346425 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GALLEGOS, MARK 5201BLUE LAGOON STE 100 **MIAMI FL 33126** City 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 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition RODRIGUEZ, ANGEL M. NAME NAME 13420 SW 79TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP D Delete TITLE TITLE Change ■ Addition GRUNTLER, W NAME NAME STREET ADDRESS 500 NW 103 TERR STREET ADDRESS CITY\_ST\_ZIP\_\_\_ CITY-ST-ZIP PEMBROKE PINES FL-33026 □ Change TITLE □ Delete ■ Addition RODRIGUEZ, FELICITA NAME NAME STREET ADDRESS 13420 SW 79TH ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change Addition RODRIGUEZ, ANGEL E. NAME NAME STREET ADDRESS 13420 SW. 79TH ST. STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME VELASQUEZ, MARIA A NAME STREET ADDRESS 6720 SW 132ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** TITLE TITLE ☐ Delete Change Addition NAME DABALSA, LUIS NAME STREET ADDRESS 19545 LENAIRE DR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-7IP

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 all other

SIGNATURE: