FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45723** **(6)**

1. Corporate Name

GRENADA CRICKET CLUB OF MIRAMAR, INC.

Principal Place of Business

6549 PINES PARKWAY
HOLLYWOOD FL 33023

Mailing Address

6549 PINES PARKWAY
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1991**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0291110** ☐ Applied For ☐ Not Applicable

2 Principal Place of Business — 21

Suite, Apt. # or RR # — 22

City & State — 23

Zip — 24 — County — 25

2a Mailing Address — 26

Suite, Apt. # or RR # — 27

City & State — 28

Zip — 29 — County — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MIRJAH, ROBIN
6549 PINES PARKWAY
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

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 Section(s) 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Typed or printed name of registered agent and title if agent is a corporation) (If agent is a corporation, signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MIRJAH, ROBIN	12 NAME		
STREET ADDRESS	6549 PINES PARKWAY	13 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33023	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	NIZAM, EMAMDIE	22 NAME	RUDY MIRJAH	
STREET ADDRESS	13401 NW 7 AVE	23 STREET ADDRESS	7928 JUNIPER ST	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	MIRAMAR, FL 33023	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MARAJ, SUNIL	32 NAME		
STREET ADDRESS	7140 FAIRWAY BLVD.	33 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL 33023	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MIRJAH, TISHA	42 NAME		
STREET ADDRESS	7928 JUNIPER ST	43 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	EX-OFFICIO	☑ Change ☐ Addition
NAME	NELLINA, MARA J.	52 NAME	JACKIE LOPEZ	
STREET ADDRESS	7140 FAIRWAY BLVD.	53 STREET ADDRESS	12234 SW 10 ST	
CITY ST ZIP	MIRAMAR FL 33023	54 CITY ST ZIP	PEMBROKE PINES, FL 33025	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: Sunil L. Maraj — 4/25/95 — 981-7945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038333