

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N93000001544*

1. Entity Name

*MIAMI SHOOTING CLUB
INC.*



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 AM 11:45

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10320 SW 55 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33165

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOSE A. RAMAS

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

10320 SW 55 ST

City

MIAMI

FL

Zip Code

33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/03

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*DS
ONELIO GARCIA
716 E 30 ST
Hialeah, FL 33013*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*400018830954
05/13/03--01023--004 **61.25*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*DT
SONIA SOLANO
3921 W FLAGLER ST Apt 1
MIAMI, FL*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*DP
JOSE ARAM
10320 SW 55 ST
MIAMI, FL 33165*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other the empowered.

SIGNATURE

[Signature]

5/9/03 305-598-0824

CR2E037B (12/02)