

**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

Zip

33165

Country

US

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JOSE A. RAMOS

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

*DA Garcia*

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  
76 E 30 ST  
MIAMI, FL 33103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400019880954  
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 RAMOS  
10320 SW 55 ST  
MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE: *DA Garcia*

5/9/03 305-598-0824

CR2E037B (12/02)

5/9/03  
DA