

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002579**

1. Entity Name

**KERALA SPORTS CLUB, INC.**

Principal Place of Business

**14401 S.W. 97TH AVE  
MIAMI FL 33176  
US**

Mailing Address

**14401 S.W. 97TH AVE.  
MIAMI FL 33176  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**6. Name and Address of Current Registered Agent****JOHN BERNARD  
14401 S.W. 97 AVE  
MIAMI FL 33176****7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	C. JOHN BERNARD,	
STREET ADDRESS	14401 S.W. 97 AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN P	
STREET ADDRESS	10170 SW 103RD AVE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Delete
NAME	EAPEN, GEO	
STREET ADDRESS	2573 BACCARAT DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	

TITLE	D	<input type="checkbox"/> Delete
NAME	JASON. THOMAS,	
STREET ADDRESS	10343 S.W. 120 ST.	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, SAMUEL	
STREET ADDRESS	1735 LAKESHORE CIR 100 LAKEVIEW DR.	
CITY-ST-ZIP	WESTON FL 33326 UNIT 113 WESTON, FL 33326	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. SCOTT SAMUEL	
STREET ADDRESS	100 LAKEVIEW DR. UNIT 113	
CITY-ST-ZIP	WESTON, FL 33326	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *John Bernard* **SIGNATURE OF JOHN BERNARD 4-16-01 (305) 235-7805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90154 043 \*\*\*\*61.25

00039508



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

CR2E037 (10/00)