

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006002

1. Entity Name

CORAL GABLES BASEBALL BOOSTERS INC.

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90002 009 ****61.25

Principal Place of Business

450 BIRD RD.
CORAL GABLES FL 33146

Mailing Address

450 BIRD RD.
CORAL GABLES FL 33146-1306

2. Principal Place of Business

Suite, Apt. #, etc.
450 BIRD RD.

City & State
CORAL GABLES, FL

Zip Country
33146 USA

3. Mailing Address

Suite, Apt. #, etc.
450 BIRD RD.

City & State
CORAL GABLES, FL

Zip Country
33146 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0540497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISCEGLIA, DAVID M
450 BIRD RD.
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
TONY CASAS

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

City Zip Code
CORAL GABLES, FL 33146

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 TONY CASAS, HEAD BASEBALL COACH

Tony Casas

6/6/00

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 PD
NAME REINOSO, ORNAN
STREET ADDRESS 2650 SW 29TH PLACE
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE VD
NAME WISSER, BRIAN
STREET ADDRESS 6135 SW 116 ST
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

TITLE SD
NAME WISSER, REBA
STREET ADDRESS 6135 SW 116 ST
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE TD
NAME WISSER, REBA
STREET ADDRESS 6135 SW 116TH ST
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ANGEL RUIZ
STREET ADDRESS 8525 SW 58 ST
CITY-ST-ZIP MIAMI, FL 33143 ☐ Change ☒ Addition

TITLE VD
NAME JOSEPH RODRIGUEZ
STREET ADDRESS 5410 SW 64 PL
CITY-ST-ZIP SOUTH MIAMI, FL 33155 ☐ Change ☒ Addition

TITLE SD
NAME ANGELA FONT
STREET ADDRESS 13203 SW 11 TER.
CITY-ST-ZIP MIAMI, FL 33184 ☐ Change ☒ Addition

TITLE TD
NAME JOSE HERNANDEZ
STREET ADDRESS 1982 SW 139 CT
CITY-ST-ZIP MIAMI, FL 33184 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/00

Date

(305) 443-4871

Daytime Phone #

0-11-37 (9/00)