

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

Amended

DOCUMENT # N94000006002

1. Entity Name

CORAL GABLES BASEBALL BOOSTER, INC.

FILED

02 JUL 17 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 BIRD ROAD

Suite, Apt. #, etc.

3. Mailing Address

450 BIRD ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0540497

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAZARO GUTIERREZ

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

252 EAST 35th ST

City

MIAMI

FL

Zip Code

33013

**DO NOT WRITE
IN THIS SPACE**

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

7-11-02

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CUEVAS, LUIS
331 NW 136 AVE.
MIAMI, FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
DAVILA, ELAINE
5337 NW 3 St.
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
GUTIERREZ, JOSE J.
661 SW 45 AVE.
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02 (305)726-4678

Date

Daytime Phone #

CR2E037B (12/01)