2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500000159

1. Entity Name

DOLPHINETTES OF MIAMI BOOSTERS, INC.											
Principal Place of E	Business	Mailing Address									
10700 SW 139 RD. MIAMI FL 33176 US		10700 SW 139 RD. MIAMI FL 33176-6561 US									
2. Principal Place of Business 7285 SW 130th Street Suite Apt. #, etc.		3. Mailing Address 7285 SW 130th Street Suite, Apt. #, etc.									
City & State Miami, FL		City & State Miami, FL									
Zip 33156	Country USA	Zip 33156	Country USA								

FILED May 22, 2000 8:00 am Secretary of State

05-22-2000 90023 020 ****61.25



DO NOT WRITE IN THIS SPACE

65-0549906

Applied For

Not Applicable

4. FEI Number

Zip 33156		1		Country USA	1.5 Certificate of Status Desired 1.1						
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
WARD, J.D. 10700 SW 139 RD. MIAMI FL 33176 8. The above named entity submits this statement for the purpose of changing its registers.				St 7	Name Ms. Elaine Bleiberg Street Address (P.O. Box Number is Not Acceptable) 7285 SW 130th Street City Miami FL Zip Code 33156						
SIGNATURE April 26, 2000 Separature typed or printed name of registered agent and the it opticable (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW: 9. Election Campaign Fina FEE IS \$61.25 Trust Fund Contribution.					.00 May Be ed to Fees		Ćheck Pa partment o	5			
10.		OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICER	S AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REITER, L 8320 SW MIAMI FL	156TH ST	⊠ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS 728	eiberg, Ela 85 SW 130tl	h Street		□ Change	Addition (
TITLE NAME STREET_ADDRESS CITY-ST-ZIP	DVT WARD, JA	AMES D. V-139 ROAD	X Oelete	TITLE NAME STREET ADI CITY-ST-Z	DRESS 785	11y, Darle 55 SW 148tl	ne h Street	į.	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Mathern	NE, EVELYN J V 84TH AVE	□ Defete	TITLE NAME STREET AD CITY-ST-Z	DRESS Bro	otherton, 965 SW 86tl	Judy h Avenue	[_] Change	▲ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS Cal	a <mark>mi, FL 3:</mark> lancie, Lor 700 SW 75tl	ri h Avenue		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS	ami, FL 3	3157	[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET AD CITY-ST-Z	IP _				_ Change	Addition	
12. I hereby o	ertify that the	e information supplied with t	this filing does not qualify for	the exempti	on stated in t	Section 119.07(3)(i)), Florida Statutes. I	further certify	that the ini	formation	

12. 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:

SENATURE AND TYPED OR PRINCED NAME OF SIGNING OF IDER OR DIRECTOR

04 / 26 / 00

04/26/00 305-233-0101

Daytime Phone #