

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 21 PM 3:09

DOCUMENT # N95000000159

1. Entity Name
DOLPHINETTES OF MIAMI BOOSTERS, INC.



Principal Place of Business
**9401 SW 118 TERRACE
MIAMI, FL 33176 US**

Mailing Address
**9401 SW 118 TERRACE
MIAMI, FL 33176 US**

2. Principal Place of Business
8820 SW 103 STREET

3. Mailing Address
8820 SW 103 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33176

Country
U.S.A.

Zip
33176

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0549906

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SIEGEL, DEBRA J
9401 SW 118 TERRACE
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name
EILEEN IRASTORZA

Street Address (P.O. Box Number is Not Acceptable)
8820 SW 103 STREET

City
MIAMI

FL Zip Code
33176

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 Eileen Irastorza **EILEEN IRASTORZA T/D** **10/14/03**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: 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	DP CHATILA, JENNY 10235 SW 106 ST MIAMI, FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIEGEL, DEBRA 9401 SW 118 TERRACE MIAMI, FL 33176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEON, CINDY 19023 SW 96 AVE MIAMI, FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CRISTINA AGUIRRE 13752 SW 20 STREET MIAMI, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300023962963 10/21/03--01027--031 **\$61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D EILEEN IRASTORZA 8820 SW 103 STREET MIAMI, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AIDA M. VARELA 917 SW 136 PLACE MIAMI, FL 33184	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Eileen Irastorza **EILEEN IRASTORZA** **10/14/03** **(305) 377-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)