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

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

2. Principal Place of Business	3. Mailing Address
8820 SW 103 STREET	8820 SW 103 STREET
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
SIEGEL, DEBRA J 9401 SW 118 TERRACE MIAMI, FL 33176	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	V/D ☒ Change ☐ Addition
NAME	CHATILA, JENNY	NAME	
STREET ADDRESS	10235 SW 106 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	DT ☒ Delete	TITLE	P/D ☐ Change ☒ Addition
NAME	SIEGEL, DEBRA	NAME	CRISTINA AGUIRRE
STREET ADDRESS	9401 SW 118 TERRACE	STREET ADDRESS	13752 SW 28 STREET
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEON, CINDY	NAME	300023962963
STREET ADDRESS	19023 SW 96 AVE	STREET ADDRESS	10/21/03--01027--031 **61.25
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	T/D ☐ Change ☒ Addition
NAME		NAME	EILEEN IRASTORZA
STREET ADDRESS		STREET ADDRESS	8820 SW 103 STREET
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33176
TITLE	☐ Delete	TITLE	M ☐ Change ☒ Addition
NAME		NAME	AIDA M. VARELA
STREET ADDRESS		STREET ADDRESS	917 SW 136 PLACE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33184
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Eileen Irastorza EILEEN IRASTORZA 10/14/03 (305) 377-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)