

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002207 (7)

1. Corporation Name

BROWARD COUNTY UNDER THE STARS BASKETBALL LEAGUE
, INC.

Principal Place of Business

Mailing Address

660 N.W. 19TH STREET
#302
FT. LAUDERDALE FL 33311

660 N.W. 19TH STREET
#302
FT. LAUDERDALE FL 33311



3. Date Incorporated or Qualified
05/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 610 Millward + Co.
2745 W. Cypress Creek Rd

26 610 Millward + Co.
2745 W. Cypress Creek Rd

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHUBIN, STEVE
660 N.W. 19TH STREET
3302
FT. LAUDERDALE FL 33311

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CHUBIN, STEVE
STREET ADDRESS 660 N.W. 19TH ST. #302
CITY-ST-ZIP FT. LAUDERDALE FL 33311

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME RICCI, ROBERT L
STREET ADDRESS 6300 N.W. 5TH WAY #100
CITY-ST-ZIP FT. LAUDERDALE FL 33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2745 W. Cypress Creek Rd
2.4 CITY-ST-ZIP

TITLE D
NAME FERRAZZO, GINA
STREET ADDRESS 4165 S.W. 87TH TERRACE
CITY-ST-ZIP DAVIE FL 33328

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert L. Ricci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/96
Date

Daytime Phone #

0000030

CR2E037 (3/96)