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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name United Girl's Soft Ball Team Corporation		N960000000906	
Principal Place of Business 13850 N.W. 26 Ave Miami, FL. 33054		Mailing Address 1915 N.W. 86 Street Miami, FL. 33147	

REINSTATEMENT

98-99
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2. Principal Place of Business 11. Date, Apt. B, etc. 12. City & State 13. Zip		3. Mailing Address 14. Date, Apt. B, etc. 15. City & State 16. Zip		4. Date of Incorporation 02-10-1996 5. FEI Number 65-0642641 6. Certificate of Status Desired ☒ 7. Additional Fee Required 8. Brochure Campaign Financing ☐ 9. Trust Fund Contribution ☐ \$3.00 may be Added to Fees 10. Name and Address of New Registered Agent	
1. Name and Address of Current Registered Agent FLORA Lewis 13850 N.W. 26 Ave Miami, FL 33054				11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. City FL 14. Zip Code	
11. I consent to the provisions of Sections 617.0502 and 617.1606, Florida Statute, the above named corporation having the authority 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 a resident of the State of Florida, and I am a resident of the State of Florida.					
SIGNATURE <i>Flora Lewis</i> DATE <i>8/5/99</i> ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS BY: ☐ Change ☐ Addition					
12. OFFICERS AND DIRECTORS					
12.1 TITLE NAME STREET ADDRESS CITY-ST-SP		12.2 TITLE NAME STREET ADDRESS CITY-ST-SP		12.3 TITLE NAME STREET ADDRESS CITY-ST-SP	
President/Treasurer/Director Flora Lewis 1915 N.W. 86 street Miami, FL. 33147		Vice President/Director Naizy Allen 1915 N.W. 86 street Miami, FL. 33147		Secretary/Director Gladys M. Hodgson 1515 Sp. 24 Ave. Hollywood, FL. 33020	
12.4 TITLE NAME STREET ADDRESS CITY-ST-SP		12.5 TITLE NAME STREET ADDRESS CITY-ST-SP		12.6 TITLE NAME STREET ADDRESS CITY-ST-SP	
12.7 TITLE NAME STREET ADDRESS CITY-ST-SP		12.8 TITLE NAME STREET ADDRESS CITY-ST-SP		12.9 TITLE NAME STREET ADDRESS CITY-ST-SP	
12.10 TITLE NAME STREET ADDRESS CITY-ST-SP		12.11 TITLE NAME STREET ADDRESS CITY-ST-SP		12.12 TITLE NAME STREET ADDRESS CITY-ST-SP	

I hereby certify that the information furnished with this form does not qualify for the exemption stated in Section 118.01(1), Florida Statute, and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 Statute, and that my name appears in Items 12 or 13 of this form, or on an attachment with an address, with all other this empowered.

FILE: *Flora Lewis*

8/5/99 305 876-1000

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**Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State**

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Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : D. FINEST LIMO, INC.
Account Number : 107757002402
Phone : (305) 687-1663
Fax Number : (305) 953-9759

**CORPORATION REINSTATEMENT
UNITED GIRLS SOFT BALL TEAM CORPORATION**

Certificate of Status	1
Certified Copy	0
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