

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000003779 (3)

1. Corporation Name

MIAMI METRO YOUTH BASKETBALL, INC.

Principal Place of Business

Mailing Address

2921 N.W. 179TH ST.
MIAMI FL 33056

2921 N.W. 179TH ST.
MIAMI FL 33056

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

WILLIAMS, LYNN A
2921 N.W. 179TH ST.
MIAMI FL 33056

3. Date Incorporated or Qualified

07/18/1996

4. FEI Number

65-0744008

☒ 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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME HARRIS, VIRGINIA
STREET ADDRESS 369 N.E. 191 ST, APT. 204
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME WILLIAMS, SHELIA E
STREET ADDRESS 2921 N.W. 179 ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE S
NAME PLAYER, SHIRLEY
STREET ADDRESS 1960 N.W. 194 TERR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE T
NAME HICKS, LINDA
STREET ADDRESS 19320 N.W. 22ND PLACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE PD
NAME WILLIAMS, LYNN A
STREET ADDRESS 2921 N.W. 179ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME MCDUFFIE, LINDA
STREET ADDRESS 2921 N.W. 179 ST
CITY-ST-ZIP MIAMI FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 31 1998 305-620-3574

FILED
Sep 30 1998 8:00am
Secretary of State



CR2E037 (5/98)