


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90023 013 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N96000003779**

1. Corporation Name  
**MIAMI METRO YOUTH BASKETBALL, INC.**

618169-90023-13

|  |  |
|--|--|
| Principal Place of Business<br>2921 N.W. 179TH ST.<br>MIAMI FL 33056 | Mailing Address<br>2921 N.W. 179TH ST.<br>MIAMI FL 33056 |
|--|--|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>07/18/1996   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0744008   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b> |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent          |  |  |  | 10. Name and Address of New Registered Agent |  |
| WILKINS, LYNN A<br>2921 N.W. 179TH ST.<br>MIAMI FL 33056 |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |
|  |  |  |  | 85   | Zip Code   |
|  |  |  |  | <b>FL</b>                                    |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | VPD<br>HARRIS, VIRGINIA<br>369 N.E. 191 ST, APT. 204<br>MIAMI FL | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE                      | D<br>WILLIAMS, SHELIA E<br>2921 N.W. 179 ST<br>MIAMI FL          | <input type="checkbox"/> DELETE                       | 2.1 TITLE VP,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE                      | T<br>PLAYER, SHIRLEY<br>1960 N.W. 194 TERR<br>MIAMI FL           | <input type="checkbox"/> DELETE                       | 2.2 NAME WILLIAMS, SHELIA E.<br>2.3 STREET ADDRESS 2921 N.W. 179th Street<br>2.4 CITY-ST-ZIP Miami, Florida |
| TITLE                      | D<br>HICKS, LINDA<br>19320 N.W. 22ND PLACE<br>MIAMI FL           | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE                      | PD<br>WILLIAMS, LYNN A<br>2921 N.W. 179ST<br>MIAMI FL            | <input type="checkbox"/> DELETE                       | 4.1 TITLE S,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE                      | S<br>CEASER, ANGELA<br>20200 SW 114 STREET<br>MIAMI FL           | <input checked="" type="checkbox"/> DELETE            | 4.2 NAME HICKS, LINDA<br>4.3 STREET ADDRESS 19320 N.W. 22nd Place<br>4.4 CITY-ST-ZIP Miami, FL              |
| TITLE                      |  |   | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE                      |  |   | 5.2 NAME  |
| TITLE                      |  |   | 5.3 STREET ADDRESS  |
| TITLE                      |  |   | 5.4 CITY-ST-ZIP   |
| TITLE                      |  |   | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE                      |  |   | 6.2 NAME  |
| TITLE                      |  |   | 6.3 STREET ADDRESS  |
| TITLE                      |  |   | 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)(i), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 9/15/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305 620 3574

CR2E037 (11/98)