4/3/

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600005260						FILED May 12, 2002 8:00 am Secretary of State					
								_			
1. Entity Name SOUTHRI	, DGE HOMERUN CLUB, INC			# :			04-03-2002 !	90182 040 **	**61.25		
Principal Place of Business Mailing Address			•				•-	2 4 6 0	_		
7460 SW 130TH MIAMI FL 33156		7460 SW 130TH STREET Miami FL 33156									
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FE	4. FEI Number Applied For					
Zip_ Country		Zip (Country		65-0852976 Not Applicable					
سر(الا	Country			: 		<u> </u>		Fee Hequire	ģ	ي ـــ	
	6. Name and Address of Current	Registered Agent			7. Na	me and Ad	dress of New Regist	ered Agent			
	المنتفق الماسية	-		Name		Al orborio	No. Accordately			Ser was	
PARKS, LARRY D				Street Add	ress (P.O. Bo	k Number is	Not Acceptable)				
7460 SW 130TH STREET				į							
MIAMI FL 3	3158		<u> </u>	City				FL Zip Cod	e		
	named entity submits this statement f					a and and a	- the estate of Florida				
SIGNATURE Signature, typic or printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent and title it applicable. (NOTE: Ref. Printed name of registered agent				ancing		May Be to Fees	Make C	Check Payable			
	OFFICERS AND D	DECTORS	11.		ADDITIO	NS/CHANG	GES TO OFFICERS AI	ND DIRECTORS IN	I 10		
NAME STREET ADDRESS	D DECARLO, FRANK 9291 MARTINIQUE DRIVE MIAMI FL 33189	Delete	TITLE NAME	AODRESS	D FRANK I	Herna SW		☐ Change	Addition	CR2E037 (9/01)	
TITLE NAME	D RUMENIK; ROCKY 19260 SW 222 ST	☐ Deleta	B	ADDRESS	Elaine 211.50	MAN	IASA 188 Aven	□ Change	Addition		
CITY-ST-ZIP 🔔	MIAMI FL-33170		CIY-S	T-ZIP.	<u>4:10m1÷</u>		3:3170=	Change	Addition		
TITLE	BERTELSON, TRACIÉ	D belete	TITLE NAME.		To 1_ 0	ime	MIK				
STREET ADDRESS	8844 SW 196 TERR,		STREET	ADDRESS	59 Foy-R 19260	SW	222 ST				
CITY-ST-ZIP	MIAMI FL 33157		CITY-S	11-ZIP	Mumi	_FL	33170	[1] Change	☐ Addition	{	
STREET ADDRESS	S Brodhead, Karen 8600 SW 196 Terr. Miami Fl 33157	□ toelete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	PETEL 19260 MA	e Rur	MENIK 222 St. FL 33170	E CHANGS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 11	ADDRESS		-		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS	1	C Delete	TITLE	I ADDRESS	•			☐ Change	Addition	•	
CITY-ST-ZIP	nerify that the information supplied wi	th this filing does not qualify for	- 11		d in Section 1	19.07(3)(i). F	Florida Statutes, I furth	er certily that the	nformation	1	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 11.0.0/3/0, Florida Statutes. This does not quality for the exemption stated in Section 11.0.0/3/0, Florida Statutes and that the composition of the report of 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. BEQUIRE Peter Rumenik 3/20/02 305 -246-509C SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#109600005260 27104

LAW OFFICE OF LARRY D. PARKS, ESQUIRE

7460 S.W. 130TH:STREET MIAMI, FLORIDAT 33156

LARRY D. PARKS SHERRY L. PARKS TELEPHONE (305) 251-5790 FACSIMILE (305) 254-6929

APRIL 22, 2002

Secretary of State of Florida Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: **SOUTHRIDGE HOMERUN CLUB, INC.**

Dear Sir or Madame:

Enclosed you will find the Annual report/uniform business report for the above entity. Please note that the person who signed the report "Peter Rumenik" and the person who remains as a Director for another year "Rocky Rumenik" are the same person "Rocky being his nick name and the name has been changed on the form to indicate his actual given name.

Thank you for your cooperation in this regard.

Sincerely,

Larry D. Parks