

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005812

1. Entity Name

Carlos Pascual Pony League, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90005 013 ****61.25

Principal Place of Business

Mailing Address

2540 SW 92 Ct.
Miami, Fl. 33165

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0711682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASCUAL, CARLOS A.
2540 SW 92 Ct.
Miami, Fl. 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	Pascual, Carlos SR.	
STREET ADDRESS	2540 SW 92 Ct.	
CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	T	<input type="checkbox"/> Delete
NAME	Pascual, Xiomara	
STREET ADDRESS	2540 SW 92 Ct.	
CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Pascual, Carlos Jr.	
STREET ADDRESS	13194 SW 19 Ter.	
CITY-ST-ZIP	Miami, Fl. 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	Pascual, Silvia	
STREET ADDRESS	9372 SW 21 St.	
CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	Polo, Ruben	
STREET ADDRESS	3700 NW 13 St.	
CITY-ST-ZIP	Miami, Fl. 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	Maderal, Jose	
STREET ADDRESS	3031 NW 1 St.	
CITY-ST-ZIP	Miami, Fl. 33125	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-2000 305-551-6804

CR2E(37 (9/99)