## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # N96000006512 May 30, 2000 8:00 am Secretary of State SOUTH FLORIDA INNER CITY GAMES FOUNDATION, INC. 05-30-2000 90021 039 \*\*\*\*61.25 Mailing Address Principal Place of Business 3010 NW 17TH AVE 3010 NW 17TH AVE MIAMI FL 33142-6159 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE . 4 : Applied For City & State City & State 4. FEI Number 65-07 15767 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KNOFSKY, JODIE 3010 NW 17TH AVENUE **MIAMI FL 33142** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE CD TITLE NAME NAME DIAZ. RAUL STREET ADDRESS STREET ADDRESS C/O 3010 NW 17TH AVE CITY-ST-ZIP CITY-ST-7IP MIAIM FL 33142 ☐ Addition ☐ Change TITLE TITLE VCD ☐ Delete NAME DUBOSE, SHERWOOD NAME STREET ADDRESS STREET ADDRESS C/O MAPP 19 W FLAGLER ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 Change ☐ Addition TITLE PD Delete TITLE NAME ADORNO, HENRY N NAME STREET ADDRESS STREET ADDRESS 2601 S BAYSHORE DR, STE. 1600 CITY-ST-7IP CITY-ST-ZIP MIAM) FL Secretary Ron Bell Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 275 NW 2ND Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Manu ☐ Addition trensure ☐ Delete TITLE Change TITLE Mey Bromer NAME HEST NE ZNO Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIQIAW 72 33 13, ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 flustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiv changed, or on an attachment