

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0038918

05-16-2001 90054 027 ****61.25

DOCUMENT # N96000006512

1. Entity Name

SOUTH FLORIDA INNER CITY GAMES FOUNDATION, INC.

Principal Place of Business

Mailing Address

3010 NW 17TH AVE
 MIAMI FL 33142

3010 NW 17TH AVE
 MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0715767

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOFSKY, JODIE
3010 NW 17TH AVENUE
MIAMI FL 33142

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
CD <input type="checkbox"/> Delete	CD DIAZ, RAUL C/O 3010 NW 17TH AVE MIAMI FL 33142	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VCD <input type="checkbox"/> Delete	VCD DUBOSE, SHERWOOD C/O MAPP 19 W FLAGLER ST MIAMI FL 33128	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD <input type="checkbox"/> Delete	PD ADORNO, HENRY N 2601 S BAYSHORE DR, STE. 1600 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S <input type="checkbox"/> Delete	S BELL, RON 275 NW 2ND ST. MIAMI FL 33128	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T <input type="checkbox"/> Delete	T BROMIR, ALEX 1450 NE 2ND AVE/ MIAMI FL 33132	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jodie Knofsky
 4-27-01 305-634-0206

CR2E037 (10/00)