

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90006 010 \*\*\*\*61.25

**DOCUMENT # N96000006520**

1. Entity Name

**MIAMI POWER TEAM FOUNDATION INC.**

Principal Place of Business

Mailing Address

14236 SW 62ND ST.  
 MIAMI FL 33183

14236 SW 62ND ST.  
 MIAMI FL 33183-1921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0713616**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, MIGUEL**  
 14236 SW 62ND ST.  
 MIAMI FL 33183

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

*Miguel Sanchez*

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: <input type="checkbox"/> Delete NAME: <b>FERNANDEZ, ALBERTO T</b> STREET ADDRESS: <b>7901 SW 132 AVE</b> CITY-ST-ZIP: <b>MIAMI FL 33183</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>SANCHEZ, MIGUEL</b> STREET ADDRESS: <b>13201 SW 71 ST.</b> CITY-ST-ZIP: <b>MIAMI FL 33183</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>CABRERA, LIDIA</b> STREET ADDRESS: <b>13350 SW 1ST</b> CITY-ST-ZIP: <b>MIAMI FL 33174</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>GARCIA, JOSE A</b> STREET ADDRESS: <b>12625 SW 72 ST</b> CITY-ST-ZIP: <b>MIAMI FL 33183</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>VELAZQUEZ, LOURDES</b> STREET ADDRESS: <b>12420 SW 32 TERR.</b> CITY-ST-ZIP: <b>MIAMI FL 33175</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> Delete NAME: <b>LAMAR, ANA M</b> STREET ADDRESS: <b>9980 SW 71 AVE</b> CITY-ST-ZIP: <b>MIAMI FL 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ 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

*3/21/2000*

DATE

*(305) 386-1582*  
*(305) 380-8759*

Jaytime Phone #

CR2E037 (9/99)

6/23/00

To: Whom it may concern

Re: Corporation Business  
Report

This letter is to notify you that after many months of calls and letters to our accountant, we were now able to receive the form to file our report for our corporation.

Our accountant has been in business for a long time and I feel something should be done in regard to him not getting this report to you on time.

Please look at our record and you will see we have always done everything as

instructed, and we feel really  
let down by this gentleman  
the company is

Better Business Consultant  
8500 SW 8<sup>th</sup> St. suite 240  
Miami FL 33144  
(305) 267-3910.

Please help us in obtaining  
our corporation's good status  
with you.

I am enclosing the \$150.<sup>00</sup>  
plus the \$8.75 for the  
certificate. Please I urge  
your Division to look at  
my situation and understand  
that good citizens as  
myself and probably a lot  
others are misrepresented  
by accountants who  
promise to "take care of  
everything" for you and

fail in every part of the  
word.

I thank you for your  
courtesy and attention to  
this important issue.

Sincerely,  
[Signature]