FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700000073

UNIVERSAL GYMNASTICS BOOSTER CLUB, INC.

Princi	pal i	Place o	f Busines
14221	SW	142ND	STREET
MIAM	FL		

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

14221 SW 142ND STREET

MIAMI FL

26

27

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90102 006 ****61.25

|--|--|

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certifcate of Status Desired

01/07/1997

4. FEI Number

23			28							1 00 110	quiiou	
	Zip	Country	Zip		Country		6	. Election Campaign Financing	; _□	\$5.00	May Be	
24		25	29	30	ol			Trust Fund Contribution		Added t	o Fees	
		9. Name and Address of Cu	rrent Registered A	gent			10	Name and Address of New	Registered A	\gent		
					81	Name					i	
(GARCIA, T	ANIA			82	Street Ac	ddress (P.O. Box Number is Not Accep	table)			
		142ND STREET							<u> </u>			
	MIAMI FL	, , , , , , , , , , , , , , , , , , , ,			83							
'		•			84	City		······································		85 Zip (Code	
]						,			<u> </u>			
	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIC	GNATURE	Signature, typed or printed name of registere	d agent and title if applicable	B. (NOTE: Re	gistered Agen	t signature requ	nerfw beniu	r reinstating)	DATE			
12.	,	OFFICER	S AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AN			
πı	E	PD		DELETE	1,1 TITLE					Change	Addition	
NAM	AE }	GARCIA, TANIA			1.2 NAME	1						
STR	EET ADORESS	13050 SAN MAREO STREE	T		1.3 STREET	ADDRESS						
cm	/-ST-ZIP	CORAL GABLES FL 33156			1.4 CITY-S	T-ZIP					- A 44%	
TITL	E	VD		☐ DELETE	2.1 TITLE					Change	Addition	
NAM	Æ Í	BARRERS, JEANNE			2.2 NAME					•		
STR	EET ADDRESS	3266J SW 27TH STREET			2.3 STREET	ADDRESS						
CIT	/-ST-ZIP	MIAMI FL 33133			2. 4 CITY-S	ST-ZIP				Change	☐ Addition	
TITL	Ĕ	SD		DELETE	3.1 TITLE	-				Change	☐ Addition	
NAM	Æ !	ALVAREZ, YIN			3.2 NAME							
STR	EET ADDRESS	14221 SW 142ND ST.			3.3 STREET	T ADDRESS						
cm	Y-ST-ZIP	MIAMI FL 33186			3.4. CITY-S	T-ZIP						
ŢΠL	E	TD		DELETE	4.1 TITLE	ĺ				☐ Change	Addition	
NAM	ME .	GARCIA, ENRIQUE			4.2 NAME							
STR	EET ADDRESS	13050 SAN MATEO STREE	T		4.3 STREE	TADDRESS						
CITY	/-ST-ZIP	CORAL GABLES FL 33156			4.4 CITY-S	T-ZIP					- 1 0 + 44°	
TITL	£			☐ DELETE	5.1 TITLE	1				☐ Change	Addition	
NAM	Æ				5.2 NAME							
STR	REET ADDRESS				5.3 STREE	TADDRESS						
CIT	Y-ST-ZIP				5.4 CITY-S	T-ZIP					CTT A date:	
TITL	Æ		<u> </u>	DELETE	6.1 TITLE					Change	Addition	
NAN	ME.				6.2 NAME	1						
STR	EET ADDRESS				6.3 STREE	T ADDRESS						
CIT	Y-ST-7IP				6.4 CITY - S	T-ZIP				_		

14. 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 annual report or suppliemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WATER EQUIRED

Applied For

Not Applicable

\$8.75 Additional