2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N9700000073** May 22, 2000 8:00 am 1. Entity Name Secretary of State UNIVERSAL GYMNASTICS BOOSTER CLUB, INC. 05-22-2000 90061 015 ****61.25 Mailing Address Principal Place of Business 14221 SW 142ND STREET 14221 SW 142ND STREET MIAMI FL 33186-6702 MIAMI FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --GARCIA, TANIA 14221 SW 142ND STREET MIAMI FL 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITL F PD 🔼 Delete TITLE NAME GARCIA, TANIA NAME BUXTON, KERRY STREET ADDRESS STREET ADDRESS 13050 SAN MAREO STREET 14221 SW CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Change ☐ Delete TITLE TITLE VD NAME CAAMANO, GILBERT A. BARRERS, JEANNE .NAME __ STREET ADDRESS STREET ADDRESS 3266J SW 27TH STREET CITY-ST-ZIP 33186-6707 CITY-ST-ZIP **MIAMI FL 33133** MIAMI SD ☐ Change Addition TITLE SD Delete TITLE FINKELBURG, LAURA. 14221 SW 142 ST. G NAME ALVAREZ, YIN NAME STREET ADDRESS STREET ADDRESS 14221 SW 142ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. MIAMI FL 33186 ☐ Addition TITLE TD Delete TITLE BARRERA, JEANNE GARCIA, ENRIQUE NAME NAME 14221 SW 142 ST. STREET ADDRESS STREET ADDRESS 13050 SAN MATEO STREET FL. 33186-6702 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the eport 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, will all other like impowered. changed, or on an attachment with an address, with all other

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME