

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003039

1. Entity Name

WEST KENDALL YOUTH BASEBALL ASSOCIATION INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90092 004 \*\*\*\*61.25

Principal Place of Business

6679 SW 156 CT  
MIAMI FL 33193

Mailing Address

P O BOX 960773  
MIAMI FL 33296-0773  
US

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

65-0818725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIEGO, ENRIQUE D  
6679 SW 156 CT  
MIAMI FL 33193

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGO, ENRIQUE 6679 SW 156 CT MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPOTE, MARIO 25041 SW 124 PL MIAMI FL 33032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, CARLOS 14230 SW 35 ST MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PRESIDENT</del> <del>DAVID WESTERN</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR DAVID WESTERN 11023 SW 88 ST MIAMI, FLA 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR TERESA ROSA 13448 SW 62 ST #D-102 MIAMI, FLA 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSE ZUNZUNEGUI 7871 SW 127 ROAD MIAMI, FLA 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LAURA HARLOW 7511 SW 145 AVENUE MIAMI, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARYLOU OLIVAS DIRECTOR 6519 SW 133 PLACE MIAMI, FLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR ENRIQUE DEL RIEGO 6679 SW 156 COURT MIAMI, FLA 33193	<input checked="" 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 empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2000 305 386-2264

CR2E037 (9/99)